

Case Number:	CM14-0081542		
Date Assigned:	07/18/2014	Date of Injury:	08/12/2013
Decision Date:	10/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68-year-old male with an 8/12/2013 date of injury. The mechanism of injury involved stepping on a backpack on the ground and falling backwards, twisting his left ankle and striking the back of his head on the ground, resulting in a tailbone fracture and concussion. An initial pain management consultation note dated 1/13/14 indicated that the patient was having a constant 8/10 neck pain, an 8/10 tailbone pain, and an occasional 4-5/10 left ankle pain, limiting the patient's activities of daily living, i.e. walking, lifting, standing, etc. Exam findings revealed an antalgic gait, along with a limited range of motion of the cervical spine (flexion to 45 degrees, extension to 35 degrees, lateral bending to 35 degrees (left/right), and rotation to 45 degrees (right) and 60 degrees (left)). The lumbosacral spine exam revealed a limited range of motion with flexion to 45 degrees, lateral bending to 15 degrees (right/left) and rotation to 35 degrees (right/left). Deep tendon reflexes were suppressed at bilateral patellae, and no motor or sensory deficits were noted for all extremities. The left ankle exam revealed tenderness over the medial and lateral malleolus. The patient's diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, coccydynia, left ankle and foot sprain/strain. The patient's medications included muscle relaxants, opiates, and NSAIDs. A chiropractic physician note dated 3/6/14 reported the patient having a 3-9/10 cervical spine pain and an 8/10 lumbar spine pain after completing 12 visits of chiropractic therapy. The exam on that visit revealed limited range of motion of the cervical spine with flexion and extension to 40 degrees, and left/right rotation to 70 degrees. No documentation of the lumbar spine or left ankle exam was included. A primary physician note dated 3/27/14 stated that the chiropractic visits were mildly helpful, therefore, physical therapy and acupuncture were requested. Significant Diagnostic Tests: Electromyography (2/14/2014) - Normal EMG with no evidence of bilateral cervical radiculopathy, except: mild evidence of right C6, C7, and possibly C5 radiculopathy. 3) Nerve conduction study (2/21/2014) - Normal NCS,

with no evidence of bilateral saphenous, sural, tibial, or peroneal neuropathy, except: mildly slow bilateral sural latencies, peroneal and tibial conduction velocities across the legs, consistent with generalized peripheral neuropathy. Absent H reflexes, possibly due to either S1 radiculopathies or tibial neuropathies. 4) Electromyography (2/21/2014) -There was no evidence of bilateral lumbosacral radiculopathy, except moderate evidence of bilateral S1 radiculopathy, moderate evidence of right L5 radiculopathy, and mild evidence of left L5 radiculopathy. 5) CT sacrum and coccyx without contrast (4/7/2014) - 1) 2.4mm offset of the coccyx without any definite fracture line noted. This may be sequelae of prior fracture. 2) Healed fracture of the left ilium. 3) Healing fracture of the right hemi-sacrum. 4) Nonspecific focal sclerosis of the right ilium. Treatment to date: medications, chiropractic care, TENS unit. An adverse determination was received on 5/21/2014. The Physical Therapy 3x4 cervical spine, lumbar spine, left ankle was denied due to the patient having had chiropractic care. Since the patient had previous conservative care, additional therapy would not be indicated. The Acupuncture 2x6 cervical spine, lumbar spine, left ankle was denied due to the guidelines supporting a trial of 3 acupuncture treatments with re-evaluation. Additional treatment can be considered if the acupuncture provided significant pain relief with objective re-evaluation. The use of 12 visits initially would not be indicated according to the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3x4 Cervical Spine, lumbar spine, left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy ODG preface

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG states that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. A request for continuation of physical therapy would make it reasonable to require documentation of objective improvement with previous treatment and functional deficits on exam that are likely to respond to PT. The patient was noted to have an 8/10 neck pain, an 8/10 tailbone pain, and an occasional 4-5/10 left ankle pain at the pain management specialist visit on 1/13/14, along with a limited range of motion of both the cervical and lumbar spine. The patient's pain level and functional ability were not improved on conservative treatment, i.e. muscle relaxants, opiates, and NSAIDs. The documents also noted minimal improvement with chiropractic care. There is a lack of documentation with regard to any prior physical therapy for the L- and C-spine and left ankle. In addition, ODG supports a 6-visit trial initially to assess for positive gains, however the request is for 12 visits. Therefore, the request for physical therapy 3x4 as submitted was not medically necessary.

Acupuncture 2x6 Cervical Spine, lumbar spine, left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter (page 114)

Decision rationale: CA MTUS guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. This patient was noted to have severe neck and tailbone pain, and a moderate left ankle pain on 1/13/14, along with a limited range of motion of both the cervical and lumbar spine. Despite conservative treatment (i.e. muscle relaxants, opiates, and NSAIDs) and chiropractic care, the patient's pain level and functional ability were not improved. While acupuncture could be reasonable in this patient, the request for 12 treatments is not supported per MTUS guidelines. Therefore, the request for Acupuncture 2x6 as submitted was not medically necessary.