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| <b>Case Number:</b>   | CM14-0082484 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 02/07/2014 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 43-year-old female who reported an injury on 02/07/2014. The mechanism of injury was a fall. Her diagnoses included sprain/strain of the thoracic region, sprain/strain of the lumbar region, pain in the joint lower leg and right knee contusion, and sprain or strain of the neck. Past treatments included heat, TENS unit, medications, and physical therapy. Diagnostic studies included urine drug screen. Past surgical history was a tonsillectomy. On 07/02/2014, the injured worker was in for a follow-up visit for neck and low back pain. She had completed 12 sessions of physical therapy. She stated the sessions were painful and she felt that her pain had not improved. She continued to report severe pain in her neck and shoulders with radiation into the palms. She reported having "bumps" in the forearms. She reported having numbness and tingling in her arms and hands. It was worse with lifting and pushing/pulling, and reaching forward to grab something, especially above shoulder level. There was tingling in the bottom of her feet. There was cracking pain in the knee area. She stated that the Norco helped to bring the pain down from an 8/10 to 9/10 to a 6/10. She stated the medicine helps with the pain but does not take it completely away. Her current medications included hydrocodone/APAP 10/325 mg 1 every 4 to 6 hours as needed for pain; naproxen sodium 550 mg 1 every 12 hours with food for anti-inflammatory; Protonix 20 mg 1 twice a day with naproxen; mirtazapine 15 mg 1 to 2 tablets at bedtime for sleep, may increase to 3 tablets at bedtime; Norflex ER 100 mg 1 or 2 at night for spasms; and aspirin. The injured worker had a trial with TENS unit and reports having mild improvement with her pain during the TENS session but no lasting effects from this device. The plan is for a cervical MRI for further evaluation of the radicular symptoms that the patient reports in both hands and in the right foot. The rationale is because the patient is experiencing increased radicular symptoms and

it has been greater than 3 months since her injury without improvement. The provider would like to get imaging studies for future evaluation for pathologies such as disc herniation or stenosis that may be contributing to her symptoms. Requests acupuncture to see if it will provide relief and improve function. She has returned to work as of 07/07/2014 with work restrictions. The Request for Authorization form was not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture to cervical, thoracic and lumbar spine x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Acupuncture to cervical, thoracic and lumbar spine x 12 visits is not medically necessary. The injured worker has a history of back and hand pain. The injured worker had undergone a trial of a TENS unit and reported it helped decrease some of the pain during her physical therapy. The injured worker found it hard to tolerate physical therapy and some medications. The California MTUS Guidelines recommend that acupuncture is 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. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. Acupuncture treatments may be extended if functional improvement is documented. There is lack of documentation of the outcome from the TENS unit. The request exceeds the guidelines recommendations. As such, the request is not medically necessary.

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 04/14/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of Cervical Spine is not medically necessary. The injured worker has a history of back pain. The CA MTUS/ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging

study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. There is no documentation to support the need of an MRI at this time. The injured worker's symptoms have remained the same. As such, the request for MRI of Cervical Spine is not medically necessary.