

<b>Case Number:</b>	CM14-0083536		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/28/2002
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on November 28, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of pain radiating to the upper extremities as well as left knee pain. The physical examination demonstrated tenderness along the cervical, thoracic, and lumbar spine with decreased spinal range of motion. Decreased sensation was noted at the left C6, C7, and C8 as well as the left L3-S1 dermatomes. There was a positive right-sided Hoffmans test and a positive left-sided straight leg raise test at 30. Diagnostic imaging studies of the cervical spine indicated that there may be loose hardware from a previous cervical fusion. Previous treatment includes cervical spine decompression and fusion at C4-C5 and C5-C6, lumbar fusion at L4-L5, and a left knee total knee replacement, left shoulder rotator cuff surgery, physical therapy, and acupuncture. A request had been made for eight sessions of acupuncture for the cervical spine, a CT of the cervical spine, a CT of the lumbar spine and a request for a one time in internal consultation and was not certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar & cervical spine #8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines to six visits of acupuncture treatment are recommended. Additional treatments may be performed if functional improvement is documented. The attached medical record does not indicate that there has been functional improvement from prior acupuncture. As such this request for eight acupuncture sessions for the lumbar and cervical spine is not medically necessary.

**CT of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) - Computed Tomography (updated 08/04/14).

**Decision rationale:** According to the progress note dated February 6, 2014, the injured employee has already had a CT of the cervical spine identifying loose hardware. Considering this, it is unclear why an additional CT of the cervical spine is requested. Without additional information, this request for a CT of the cervical spine is not medically necessary.

**Time internal consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** A review of the attached medical record indicates that there was a request for a one-time internal medicine consultation in regards to the injured employees' nausea on physical examination. The injured employees prescribed opioid medications which may contribute to nausea. This can be assessed by the prescriber of the opioid medications. This request for a one-time internal medicine consultation is not medically necessary.

**CT of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59,303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (Acute & Chronic) - Computed Tomography (updated 08/22/14).

**Decision rationale:** According to the Official Disability Guidelines a CT is not indicated for lumbar spine pain with radiculopathy. It may be used to identify a successful fusion that plain x-rays do not confirm effusion however; this is not stated in the attached medical record. Considering this, the request for a CT of the lumbar spine is not medically necessary.