

<b>Case Number:</b>	CM14-0179273		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who sustained an industrial injury on June 28, 2000. The worker is being treated for: cervical disc disease, cervical radiculopathy, bilateral carpal tunnel syndrome. Subjective: January 23, 2014, he reported complaint of neck pain and difficulty moving. August 14, 2014, he reported complaint of "pain reduced by 50%" after administration of cervical epidural injection, as evidenced by "increased mobility." Objective: January 23, 2014, assessment noted decreased sensation to right C-5 dermatome distribution. August 05, 2014, noted light touch sensation bilaterally with index finger dorsal web and small finger all are diminished. Medications: "Refilled" January 23, 2014. Diagnostics: EMG NCV October 2013, MRI cervical spine September 2013. Treatments: activity modifications, medication, physical therapy, acupuncture, cervical epidural injection administered June 13, 2014, extracorporeal shockwave therapy, cervical spine traction. On October 15, 2014 a request was made for acupuncture, chiropractic, and physical therapy 6 sessions each that were noncertified by Utilization Review on October 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 Time A Week for 6 Weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with neck and bilateral wrist/hand pain. The request is for acupuncture 1 time a week for 6 weeks. The request for authorization form is not provided. EMG/NCV of the bilateral upper extremities, 10/10/13, shows electrodiagnostic evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components. MRI of the cervical spine, 09/11/13, shows diffuse degenerative endplate change throughout the cervical spine with osteophyte formation and posterior bony spurring with multilevel degenerative disc disease and multiple disc osteophyte complexes with areas of facet hypertrophy and uncovertebral hypertrophy causing multilevel neural foraminal stenosis. Patient's diagnoses include cervical spine disc bulges; right carpal tunnel syndrome; left carpal tunnel syndrome. Physical examination reveals sensation is decreased in the right C5 dermatome. Hypoactive right biceps tendon reflexes. Positive cervical compression test. Decreased range of motion in cervical spine flexion and extension. Patient had an epidural injection to his neck on 06/13/14, and notes pain in his neck was better. He also reports the pain was reduced with shockwave therapy. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Progress report dated 08/14/14, documents Acupuncture under treatment plan, but review of provided medical records show no evidence the patient attended any Acupuncture treatments. In this case, the patient continues with neck and wrist/hand pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines, and up to 6 treatments to produce functional improvement is supported. Therefore, the request IS medically necessary.

**Chiropractic Therapy 1 Time A Week for 6 Weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The patient presents with neck and bilateral wrist/hand pain. The request is for chiropractic therapy 1 time a week for 6 weeks. The request for authorization form is not provided. EMG/NCV of the bilateral upper extremities, 10/10/13, shows electrodiagnostic evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components. MRI of the cervical spine, 09/11/13, shows diffuse degenerative endplate change throughout the cervical spine with osteophyte formation and posterior bony spurring with multilevel degenerative disc disease and multiple disc osteophyte complexes with areas of facet hypertrophy and uncovertebral hypertrophy causing multilevel neural foraminal stenosis. Patient's diagnoses include cervical spine disc bulges; right carpal tunnel syndrome; left carpal tunnel syndrome. Physical examination reveals sensation is decreased in the right C5

dermatome. Hypoactive right biceps tendon reflexes. Positive cervical compression test. Decreased range of motion in cervical spine flexion and extension. Patient had an epidural injection to his neck on 06/13/14, and notes pain in his neck was better. He also reports the pain was reduced with shockwave therapy. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss the request. In this case, the patient continues with neck and wrist/hand pain. Given the patient's condition, a short course of Chiropractic treatment appears to be reasonable. Review of provided medical records show no evidence of prior Chiropractic treatments. MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement for up to 18 visits. Therefore, the request IS medically necessary.

### **Physical Therapy 1 Time A Week for 6 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with neck and bilateral wrist/hand pain. The request is for physical therapy 1 time a week for 6 weeks. The request for authorization form is not provided. EMG/NCV of the bilateral upper extremities, 10/10/13, shows electrodiagnostic evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components. MRI of the cervical spine, 09/11/13, shows diffuse degenerative endplate change throughout the cervical spine with osteophyte formation and posterior bony spurring with multilevel degenerative disc disease and multiple disc osteophyte complexes with areas of facet hypertrophy and uncovertebral hypertrophy causing multilevel neural foraminal stenosis. Patient's diagnoses include cervical spine disc bulges; right carpal tunnel syndrome; left carpal tunnel syndrome. Physical examination reveals sensation is decreased in the right C5 dermatome. Hypoactive right biceps tendon reflexes. Positive cervical compression test. Decreased range of motion in cervical spine flexion and extension. Patient had an epidural injection to his neck on 06/13/14, and notes pain in his neck was better. He also reports the pain was reduced with shockwave therapy. MTUS, Physical Medicine Section, pages 98-99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with neck and wrist/hand pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 12/19/13, treater notes, "Medical Records Review: Applicant has attended 12 physical therapy visits." In this case, the request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.