

Case Number:	CM14-0192414		
Date Assigned:	12/09/2014	Date of Injury:	03/29/2011
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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:

The injured worker is a 37-year-old man with a date of injury of March 29, 2011. The mechanism of injury occurred when the injured worker was treading on a beam of a wall in the warehouse when he missed stepped causing him to fall. The injured worker hit a metal plate while falling and bounced off the floor. The injured worker loss consciousness and woke up in the hospital. According to documentation, the injured worker has been afforded and completed an excess of 24 courses of acupuncture and physical therapy (PT). Current working diagnoses are musculo-tendino-ligamentous sprain/strain lumbar spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasm; and cephalgia. Pursuant to the office visit note dated October 21, 2014, the injured worker complains of neck pain, low back pain, left hip pain, and right hip pain. He rates pain 7/10, which has remained unchanged since last visit. The injured worker reports that he is tolerating his home exercises, psychology treatment and cane. Examination of the cervical spine reveals asymmetry and right lateral lean. There are bilateral paravertebral, upper trapezius, levator scapulae, rhomboids, occipital muscles, hypertonicity, tenderness, spasm, tight muscle bands and trigger points are noted. On examination of the thoracic spine, Spinous process tenderness is noted at T7-T12, along with hypertonicity, spasms, tenderness, and tight muscle bands. Objective findings in the right knee, right ankle, and right reveal a negative examination. The injured worker used no assistive devices and no braces. He was able to squat without difficulty. Motor exam showed 5/5 bilateral upper and lower extremities strength and sensory exam intact from C2 to S2 bilaterally. Deep tendon reflexes are 2+ bilateral upper and lower extremities. The treating physician is requesting authorization for acupuncture x 12, physical therapy x 12, ice packs, and heat packs. The body part that is to receive treatment was not documented in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20 et seq. (Final Regulations - Effective June 15, 2007)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Acupuncture

Decision rationale: Acupuncture guidelines according to the Official Disability Guidelines (ODG) state an initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement, total up to 8 to 12 visits over 4 to 6 weeks. In this case, a progress note dated October 21, 2014 indicates the injured worker's diagnoses are: musculoligamentous sprain strain of the lumbosacral spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasm; and cephalgia. The history of injury related by the patient (on the same progress note) indicates the injured worker fell, hit head, lost consciousness. He sustained a brain hemorrhage. The injured worker had MRI studies, 12 sessions of physical therapy, and he received medication which he developed stomach irritation. Vicodin was changed to hydrocodone. Reportedly, the injured worker completed 12 sessions of acupuncture. There was no documentation indicating the areas addressed nor was there any documentation of objective functional improvement. The guidelines permit 3 to 4 visits over two weeks with evidence of objective functional improvement as a prerequisite for additional treatments. As such, this request is not medically necessary.

Physical therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4604.5 (C)(1)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section; Physical Therapy

Decision rationale: The Official Disability Guidelines (ODG) enumerates the frequency and duration for physical therapy for the lumbar spine. 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 negative direction (prior to continuing with the physical therapy). For lumbar sprains and strains the guidelines recommend 10 visits over eight weeks. In this case, a progress note dated October 21, 2014 indicates the injured worker's diagnoses are: musculoligamentous sprain strain of the lumbosacral spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasm; and cephalgia. The history of injury related by the patient (on the same progress note) indicates the injured worker fell, hit head, and lost consciousness. He sustained a brain hemorrhage. The injured worker had MRI studies, 12 sessions of physical therapy, and he received medication

which he develop stomach irritation. Vicodin was changed to hydrocodone. Reportedly, the injured worker completed 12 sessions of physical therapy. There was no documentation indicating what regions were addressed. There was no documentation containing evidence of objective functional improvement. As such, this request is not medically necessary.

Ice packs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Neck Section, Cold Packs

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), ice packs are not medically necessary. Heat/cold applications are recommended. Insufficient testing exists to determine the effectiveness of heat / cold applications in treating mechanical neck disorders. Although, due to the relative ease and lack of adverse effects local application of cold packs may be applied during the first few days of symptoms followed by applications to suit the patient. In this case, the areas to be treated are not documented in the medical record or the request. As such, this request is not medically necessary.

Heat packs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, Heat/Cold Packs

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines (ODG), heat packs are not medically necessary. There are many forms of heat therapy for treatment of musculoskeletal pain and hot packs, sauna, warm baths, infrared, diathermy and ultrasound. These therapies are passive treatments and in chronic pain settings, use of heat should be minimized to self-treatment of flare-ups with primary emphasis on functional restoration elements. Hot or heat packs are common household items of commercial products that are heated and then applied to the skin. In its simplest form, a heated towel is used. In this case, a progress note dated October 21, 2014 indicates the injured worker's diagnoses are: musculoligamentous sprain strain of the lumbosacral spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasm; and cephalgia. The areas to be addressed are not documented in the medical record. As such, this request is not medically necessary.