

Case Number:	CM15-0004684		
Date Assigned:	01/15/2015	Date of Injury:	11/16/2012
Decision Date:	04/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 65 year old male who sustained an industrial injury on 11/16/12. The injured worker reported symptoms in the left knee and right wrist. The diagnoses included left greater than right chondromalacia patella, right shoulder impingement, rule out lumbar disc injury, and rule out lumbar radiculopathy, cervical myofascial pain and left and right elbow collateral ligament injury. Treatments to date have included home exercise program, physical therapy, and work modifications. Provider documentation dated 1/13/14 noted the injured worker presents with bilateral knee pain. The treating physician is requesting Acupuncture 2 times a week for the lumbar spine, bilateral knees, right shoulder right elbow and right wrist (quantity of 12), Physical therapy 3 times a week for 4 weeks for the cervical spine and lumbar spine (quantity of 12), magnetic resonance imaging without contrast of the lumbar spine and Cyclobenzaprine 7.5mg #90. On 12/19/14, Utilization Review non-certified a request for Acupuncture 2 times a week for the lumbar spine, bilateral knees, right shoulder right elbow and right wrist (quantity of 12), Physical therapy 3 times a week for 4 weeks for the cervical spine and lumbar spine (quantity of 12), magnetic resonance imaging without contrast of the lumbar spine and Cyclobenzaprine 7.5mg #90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for the lumbar spine, bilateral knees, right shoulder right elbow and right wrist qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Pg 8-9 MTUS states that Acupuncture has not been found to be effective in the management of back pain and initial trial includes 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks may be recommended. The injured worker complaints of ongoing persistent pain in bilateral knees, right shoulder, lower back, right elbow and right wrist, with no reported significant functional improvement. Per MTUS guidelines, acupuncture is recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Documentation fails to show accompanying physical rehabilitation. The request of Acupuncture 2 times a week for the lumbar spine, bilateral knees, right shoulder, right elbow and right wrist (quantity of 12) is not medically necessary per MTUS.

Physical therapy 3 times a week for 4 weeks for the cervical spine and lumbar spine qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Guidelines Low Back Chapter, and Neck and Upper Back Chapter.

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

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for initial medical management of Lumbar sprains and strains and Intervertebral disc disorders without myelopathy. As time goes, there should be an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Given that the injured worker has completed an initial course of at least 8 visits of physical therapy and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional physical therapy has not been established. Per guidelines, the request for Physical therapy 3 times a week for 4 weeks for the cervical spine and lumbar spine (quantity of 12) is not medically necessary.

MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304: table 12-8. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Chart documentation revealed a previous MRI indicating multi-level degenerative disc disease with foraminal narrowing and the injured worker reports chronic ongoing symptoms of low back pain. There are no documented objective physical examination findings that indicate significant pathology to justify repeat imaging. With MTUS guidelines not being met, the request for MRI without contrast of the lumbar spine is not necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complaints of ongoing persistent neck and low back pain, with no reported acute exacerbation in symptoms. The medical necessity of continued use of cyclobenzaprine is not substantiated in the records. The request for Cyclobenzaprine 7.5mg #90 is not medically necessary.