

Case Number:	CM15-0102206		
Date Assigned:	07/24/2015	Date of Injury:	03/20/2004
Decision Date:	08/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52-year-old female who sustained an industrial injury on 3/20/04. The mechanism of injury was not documented. She underwent anterior cervical discectomy and fusion C6/7 on 11/18/14. The 4/20/15 treating physician report cited grade 7/10 neck pain that decreased to grade 3/10 with pain. The injured worker reported continued pain, decreased range of motion, and weakness. She had completed 11/12 post-op physical therapy sessions, which she felt, helped to strengthen her neck. She was now able to wash dishes and cook longer. Physical exam documented decreased and painful cervical range of motion in all pain, and tenderness to palpation and myospasms over the bilateral paravertebral muscles, upper trapezius, and levator scapula. There was decreased C6/7 dermatomal sensation. Spurling's was negative. Acupuncture was request for an initial 6 visits to help decrease pain and improve compliance with post-operative therapy and home exercise program. An additional 6 visits of acupuncture was recommended if initial care was beneficial. Authorization was requested for 12 post-op physical therapy sessions for cervical spine and 6 acupuncture sessions for cervical spine. The 5/19/15 utilization review non-certified the request for 12 sessions of physical therapy no there was no evidence of functional improvement with treatment to date. The request for 6 visits of acupuncture was modified to 3 visits consistent with guidelines for a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Op Physical Therapy Sessions for Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of cervical fusion (after graft maturity) suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or up to 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Guideline criteria have been met. This injured worker underwent anterior cervical discectomy and fusion C6/7. She had completed 11/12 post-op physical therapy sessions with reported reduction in pain and improvement in the performance of activities of daily living. Additional treatment has been requested for 12 visits, which is consistent with the recommended general course of post-op physical therapy. Therefore, this request is medically necessary.

6 Acupuncture Sessions for Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. This patient presents with continued post-operative pain. Good reduction in pain is documented with current pain medication. Acupuncture was requested to decrease pain and improve compliance in therapy. The 5/19/15 utilization review modified this request to 3 visits to allow for a trial. There is no compelling rationale to support additional acupuncture prior to assessment of functional benefit. Therefore, this request is not medically necessary.