MAXIMUS Federal Services

Case Number:	CM15-0109572		
Date Assigned:	06/16/2015	Date of Injury:	11/14/2008
Decision Date:	09/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 53-year-old female who sustained an industrial injury on 11/14/08. The injured worker was diagnosed as having cephalgia, cervical spine musculoligamentous injury status post-surgery and lumbar spine musculoligamentous injury status post-surgery. Currently, the injured worker was with complaints of back pain. Previous treatments included status post lumbar fusions, multiple cervical fusions, right shoulder surgery, right knee surgery, bilateral carpal tunnel surgery, and physical therapy and medication management. Previous diagnostic studies included a computed tomography, radiographic studies and a magnetic resonance imaging. The plan of care was for diagnostic studies, acupuncture treatment and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine and cervical spine 2 times per week for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient should be actively engaged in self-directed home exercise programs as the injury occurred nearly 7 years earlier. The request for 2x for 4 weeks of physical therapy sessions is not medically necessary and appropriate.

X-ray plain of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Guidelines recommend lumbar x-rays when there are red flag indicators such as recent trauma or suspicion of instability. In this case, there were no signs of trauma, red flags or instability documented in the records provided. The request for x-rays of the lumbar spine is not medically necessary and appropriate.

X-ray plain of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 177 and 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines recommend cervical x-rays when there are red flag indicators such as recent trauma or suspicion of instability. In this case, there were no signs of trauma, red flags; need to clarify anatomy prior to surgery or instability noted in the documents provide. The request for x-rays of the cervical spine is not medically necessary and appropriate.

Acupuncture to the lumbar spine and cervical spine 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines note that acupuncture is 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. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of

improvement functionally after prior acupuncture. The request for 8 acupuncture 2x4weeks for the is not medically appropriate and necessary.

Evaluation with a spine surgeon for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 80, 92, 305, 179. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7.

Decision rationale: Guidelines state that a specialist referral with a spine surgeon may be appropriate if the diagnosis is uncertain or extremely complex, when psychosocial facts are present or when the plan of care may benefit. In this case, there is no objective evidence of any red flag conditions or focal neurological deficits. The request for evaluation with a spine surgeon for the cervical and lumbar spine is not medically appropriate and necessary.