

Case Number:	CM15-0014496		
Date Assigned:	02/02/2015	Date of Injury:	04/17/2013
Decision Date:	04/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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, Tennessee
 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 49-year-old female, who sustained an industrial injury on 4/17/13. She has reported head and neck injury after a 50-pound projector screen fell on her head. The diagnoses have included post concussion syndrome and cervical spine sprain/strain, headache and insomnia. Treatment to date has included medications, diagnostics and chiropractic, physical therapy and acupuncture. Currently, the injured worker complains of chronic neck pain. The pain was chronic, constant, sharp, throbbing and rated 5/10 without medication. She could not sleep due to pain. Physical exam revealed pain in the head with dizziness, nausea and blurred vision. There was paraspinal tenderness with palpation, decreased cervical range of motion, and no loss of sensation. The X-rays of the cervical spine dated 8/5/14 revealed slight anterolisthesis on flexion view. On 12/29/14, Utilization Review non-certified a request for 4 acupuncture sessions, 4 physical therapy sessions and 1 home cervical traction unit, noting that regarding the 4 acupuncture sessions, the evidenced based guidelines recommend 4-6 treatments to allow for functional improvement. Regarding the 4 physical therapy sessions, the request was not medically necessary. Regarding the 1 home cervical traction unit, the request was not medically necessary as the evidenced based guidelines recommend home traction for radicular symptoms. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case the patient received prior treatment with 8 acupuncture sessions. Additional 4 visits would bring the total to 12 visits. This surpasses the 3 to 6 treatment to determine functional improvement. In addition there is no documentation that the patient received benefit from the treatments. The request should not be authorized.

4 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines, and Neck and Upper Back (Acute & Chronic).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had courses of physical therapy in June 2014, August 2014, and October 2014. There is no documentation of the number of treatments or of objective evidence of functional improvement. Lack of documentation does not allow for determination of efficacy or necessity. The request should not be authorized.

1 home cervical traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), see also Low Back Chapter, Traction (mechanical).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back: Traction (mechanical).

Decision rationale: Home cervical patient controlled traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Institutionally based powered traction devices are not recommended. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. It would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. In this case the patient has no focal sensory or motor deficits of the upper extremities. Documentation does not support the diagnosis of radiculopathy. Cervical traction is not indicated. The request should not be authorized.