

Case Number:	CM15-0142401		
Date Assigned:	08/03/2015	Date of Injury:	07/16/2014
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 64 year old female, who sustained an industrial injury, July 16, 2014. The injured worker previously received the following treatments cervical spine MRI on March 20, 2015, 8-12 acupuncture treatments, occupational therapy, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities showed mild bilateral carpal tunnel syndrome. The injured worker was diagnosed with disorders of the synovium, tendon, and bursa, thoracic sprain or strain and cervical radiculitis. According to progress note of May 26, 2015, the injured worker's chief complaint was cervical spine, bilateral shoulder, bilateral hand and bilateral wrist pain. The injured worker had been having severe pain as well as limited range of motion since 1991 and states that the pain and symptoms have been caused by repetitive motions while at work. The physical exam noted the range of motion of the cervical spine was left lateral flexion of 40 degrees, extension of 55 degrees, flexion of 45 degrees, left rotation of 70 degrees and right rotation of 70 degrees. The injured worker walked with a non- antalgic gait. The heel and toe walk was normal. The treatment plan included cervical spine MRI, acupuncture for the neck and physical therapy for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for neck and bilateral upper extremity pain. Recent treatments have included acupuncture and therapy. An MRI of the cervical spine in March 2015 included findings of multilevel spondylosis with C2-3 and C5-6 midline disc protrusions with mild canal stenosis. When seen, symptoms had been present since 1991. There was decreased cervical spine range of motion. Shoulder range of motion was decreased. She had responded in the past to physical therapy and acupuncture and additional treatments were requested. Cervical spine MRI reports were requested. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a recent cervical spine MRI. Requesting that report which appears to be the intent was medically necessary. However, requesting an MRI of the cervical spine was submitted and is not indicated and not medically necessary.

Acupuncture neck two times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for neck and bilateral upper extremity pain. Recent treatments have included acupuncture and therapy. An MRI of the cervical spine in March 2015 included findings of multilevel spondylosis with C2-3 and C5-6 midline disc protrusions with mild canal stenosis. When seen, symptoms had been present since 1991. There was decreased cervical spine range of motion. Shoulder range of motion was decreased. She had responded in the past to physical therapy and acupuncture and additional treatments were requested. Cervical spine MRI reports were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of additional treatments requested is in excess of guideline recommendations and the overall duration of treatment exceeds the guideline recommendation. The requested acupuncture treatments were not medically necessary.

Physical therapy neck two times six: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for neck and bilateral upper extremity pain. Recent treatments have included acupuncture and therapy. An MRI of the cervical spine in March 2015 included findings of multilevel spondylosis with C2-3 and C5-6 midline disc protrusions with mild canal stenosis. When seen, symptoms had been present since 1991. There was decreased cervical spine range of motion. Shoulder range of motion was decreased. She had responded in the past to physical therapy and acupuncture and additional treatments were requested. Cervical spine MRI reports were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.