

Case Number:	CM15-0149683		
Date Assigned:	08/12/2015	Date of Injury:	04/13/2015
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	08/03/2015

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 is a 56 year old male who sustained an industrial injury on 04-13-2015. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar sprain and strain, rule out lumbar spine degenerative disc or joint disease, bilateral wrist sprain, rule out internal derangement, bilateral ankle sprain and rule out internal ankle derangement. Treatment to date has included diagnostic testing, conservative measures, activity modification, lumbar support, currently in physical therapy and medications. According to the primary treating physician's progress report on June 4, 2015, the injured worker continues to experience wrist pain, numbness and tingling radiating to the bilateral forearms with some improvement. The injured worker rates his pain level at 6-7 out of 10 on the pain scale. The injured worker also reported lower back pain radiating to his right abdomen and right testicle. There was also numbness and tingling in both legs. The injured worker rated this pain as 9-10 on the pain scale. The injured worker also complains of bilateral ankle pain rated at 7 on the pain scale and noted this to be improving. Evaluation noted a slow, guarded, antalgic gait favoring the left. The injured worker was unable to sit at the visit secondary to pain. The wrist examination noted nonspecific minimal medial and lateral tenderness bilaterally with full range of motion. Examination of the lumbar spine demonstrated tenderness to palpation from T12 through S1 with spasm bilaterally. L3-L4 through S1 noted exquisite spinal tenderness and spasm radiating to the right lower extremity. Facet joint tenderness referring to the waistline, iliac crest and buttock was present. Right sacroiliac (SI), sciatic nerve and notch tenderness produced excruciating pain to the lower leg and right testis. Sensory and motor strength were diminished on the right side from

the L1 through S2 dermatomes. Kemp's and Milgram's tests were positive bilaterally. Right heel, toe walk and Neri's bowing were positive bilaterally. Extradural involvement-sciatic tension was positive on the right and pain on the left. Range of motion was markedly decreased producing pain and spasm. The bilateral ankles revealed slight tenderness of the medial and lateral areas with negative stability upon testing. Current medication was noted as Ibuprofen. The injured worker received Toradol 60mg and B12 intramuscularly at the office visit. Treatment plan consists of lumbar X-rays and lumbar spine magnetic resonance imaging (MRI), continue with physical therapy, prescribing Norco 10mg-325mg, Soma and transdermal analgesics and the current request for medication management with internal medicine, cervical spine magnetic resonance imaging (MRI) and acupuncture therapy once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 6 weeks: Overturned

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 injury in April 2015 and continues to be treated for bilateral wrist pain with numbness and tingling radiating to the forearms, radiating low back pain with lower extremity numbness and tingling, and bilateral ankle pain. When seen, there was decreased cervical spine range of motion and positive shoulder depression testing. There was decreased lumbar spine range of motion. The claimant was participating in physical therapy treatments. 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 of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant is undergoing physical therapy and the requested acupuncture would be an adjunct to these treatments. The requested number of treatments is within that recommended and medically necessary.

MRI of the cervical spine: Upheld

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

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 injury in April 2015 and continues to be treated for bilateral wrist pain with numbness and tingling radiating to the forearms, radiating low back pain with lower extremity numbness and tingling, and bilateral ankle pain. When seen, there was decreased cervical spine range of motion and positive shoulder depression testing.

There was decreased lumbar spine range of motion. The claimant was participating in physical therapy treatments. Indications for obtaining an MRI would include radiculopathy and severe or progressive neurologic deficit, a history of or suspected cervical spine trauma with neurological deficit, x-ray findings of bone or disc margin destruction, and, in patients with chronic neck pain, when radiographs show spondylosis and neurologic signs or symptoms are present. In this case, there is no history of significant trauma or recent injury and no reported plain film x-ray findings. A cervical spine MRI is not medically necessary.

Medication management with internal medicine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; (1) Chapter 2: General Approach to Initial Assessment and Documentation, p 31-33 (2) Chapter 7: Independent Medical Examinations and Consultations, p 127.

Decision rationale: The claimant sustained a work injury in April 2015 and continues to be treated for bilateral wrist pain with numbness and tingling radiating to the forearms, radiating low back pain with lower extremity numbness and tingling, and bilateral ankle pain. When seen, there was decreased cervical spine range of motion and positive shoulder depression testing. There was decreased lumbar spine range of motion. The claimant was participating in physical therapy treatments. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there is no reason given for the request for internal medicine medication management and the claimant's care is not being transferred. The request is not medically necessary.