

<b>Case Number:</b>	CM15-0181746		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female with a date of injury on 06-20-2014. The injured worker is undergoing treatment for cervical radiculopathy, lumbar radiculopathy, C6-7 disc herniation status post C6-7 anterior cervical discectomy and foraminotomies, C6-7 anterior cervical interbody fusion, C6-7 insertion of cage, C6-7 anterior instrumentation on 08-20-2015. A physician note dated 07-30-2015 documents the injured worker complains of neck pain radiating into both arms as well as low back pain radiating into both legs. Cervical range of motion is restricted and there is tenderness to palpation over the paraspinal musculature. Sensation is diminished over the bilateral C7 dermatomes. An unofficial report of a cervical computed tomography reviewed by the physician revealed C3 to C6 anterior cervical discectomy and fusion with a successful bony bridge. C6-C7 has cervical stenosis as well as a disc collapse. A physician progress note dated 08-07-2015 documents the injured worker has constant pain in her cervical neck. There is tenderness to palpation over the paraspinal musculature. Range of motion is restricted. There is no tenderness to palpation over the spinous processes. Sensation is diminished over the C7 dermatome. She is scheduled for a C6-C7 anterior cervical discectomy and fusion. Treatment to date has included diagnostic studies, medications, physical therapy, work restrictions, use of a Transcutaneous Electrical Nerve Stimulation unit, 11 acupuncture sessions, use of a cane, and cervical spine epidural block and status post anterior cervical discectomy and fusion in 2006. On 09-04-2015 Utilization Review non-certified the request for Acupuncture therapy-evaluation, Acupuncture with electrical stimulation - cervical spine, 12 sessions, 15 minutes each, and Post-op physical therapy - cervical spine - manual therapy

techniques, infrared, re-evaluation, dynamic activities, manipulation - manual lymphatic drainage, physical performance test or measurement, and electrical stimulation - 12 visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture therapy - evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with cervical spine and lumbar spine pain. The request is for ACUPUNCTURE THERAPY - EVALUATION. The request for authorization is not provided. The patient is status post anterior cervical discectomy and fusion, 08/20/15. Physical examination of the cervical spine reveals there is 2+ tenderness involving the cervical paraspinal areas. Decreased range of motion with pain on extreme ranges. Exam of dorsal spine reveals there is 2+ tenderness involving the upper trapezius muscles. She states that self care activities are performed slowly and with discomfort. The patient's work status is not provided. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with neck and back pain. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. The request for Acupuncture Therapy - Evaluation appears to be reasonable. Therefore, the request IS medically necessary.

**Acupuncture with electrical stimulation - cervical spine, 12 sessions, 15 minutes each:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with cervical spine and lumbar spine pain. The request is for ACUPUNCTURE WITH ELECTRICAL STIMULATION - CERVICAL SPINE, 12 SESSIONS, 15 MINUTES EACH. The request for authorization is not provided. The patient is status post anterior cervical discectomy and fusion, 08/20/15. Physical examination of the cervical spine reveals there is 2+ tenderness involving the cervical paraspinal areas. Decreased range of motion with pain on extreme ranges. Exam of dorsal spine reveals there is 2+ tenderness involving the upper trapezius muscles. She states that self-care activities are performed slowly and with discomfort. The patient's work status is not provided. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is

documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with neck and back pain. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 12 sessions of Acupuncture would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request IS NOT medically necessary.

**Post-op physical therapy - cervical spine - manual therapy techniques, infrared, re-evaluation, dynamic activities, manipulation - manual lymphatic drainage, physical performance test or measurement, and electrical stimulation - 12 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

**Decision rationale:** The patient presents with cervical spine and lumbar spine pain. The request is for POST-OP PHYSICAL THERAPY - CERVICAL SPINE - MANUAL THERAPY TECHNIQUES, INFRARED, RE-EVALUATION, DYNAMIC ACTIVITIES, MANIPULATION - MANUAL LYMPHATIC DRAINAGE, PHYSICAL PERFORMANCE TEST OR MEASUREMENT, AND ELECTRICAL STIMULATION - 12 VISITS. The request for authorization is not provided. The patient is status post anterior cervical discectomy and fusion, 08/20/15. Physical examination of the cervical spine reveals there is 2+ tenderness involving the cervical paraspinal areas. Decreased range of motion with pain on extreme ranges. Exam of dorsal spine reveals there is 2+ tenderness involving the upper trapezius muscles. She states that self care activities are performed slowly and with discomfort. The patient's work status is not provided. MTUS, Physical Medicine Section, pages 98,99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."ODG Guidelines, Chapter under Physical therapy (PT) Section states, "Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks." Treater does not discuss the request. In this case, the patient is status post anterior cervical discectomy and fusion on 08/20/15, and is still within postoperative treatment period. ODG guidelines support up to 16 post-surgical visits. The request for 12 visits of physical therapy appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.