

Case Number:	CM15-0182916		
Date Assigned:	09/24/2015	Date of Injury:	05/27/2015
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 35 year old male with a date of injury on 05-27-2015. The injured worker is undergoing treatment for cervical radiculopathy, and cervical degenerative disc disease. A physician progress note dated 06-03-2015 documents the injured worker had complaints of neck pain radiating into the right arm and forearm. He rated his pain as 7 out of 10. Cervical spine range of motion was restricted and painful. Spurling's test was positive. Sensation to light touch was intact. In a note dated 06-18-2015 documents he has continued cervical pain radiating into his left arm and forearm. He rated his pain as 5 out of 10. He had guarding and tenderness over the cervicothoracic region. Limited cervical range of motion was present. In a note dated 07-09-2015 to 08-03-2015 documents he had continued cervical pain radiating into the right upper extremity and is associated with weakness in the right scapular muscle, and right arm weakness. He had a C7-T1 interlaminar epidural steroid injection on 06-30-2015 with benefit. An undated physician note of transfer of care notes the injured worker has mild neck pain and subjective right upper extremity strength loss, and right arm paresthesias. He denies any neuropathic symptoms. He has full cervical range of motion with extremes of extension being painful. There is tenderness over the right C5-7 paraspinals and upper trapezius. He has right upper extremity weakness, pectoralis atrophy, and anterior lateral and posterior deltoid atrophy. There is mild winging-prominence of the right scapulae. He has mildly diminished sensation over the right C6-7 dermatome. Treatment to date has included diagnostic studies, medications, physical therapy, and C7-T1 interlaminar epidural steroid injection of 06-30-2015 with benefit. A Magnetic Resonance Imaging of the cervical spine done on 05-29-2015

reveled multilevel degenerative changes superimposed on congenital stenosis. At C6-C7 there is right paracentral disc protrusion-extrusion with effacement of the lateral recess and flattening of the hemi cord at the nerve root exit zone and at C5-C6 level, and there is central-right paracentral disc extrusion with partial effacement of the ventral thecal sac and right lateral recess. Medications include Ibuprofen, Norco, and Carisoprodol. He is not working; his employer has no modified duty. The Request for Authorization dated 08-10-2015 includes Acupuncture for neck Qty: 9, chiropractic visits for neck Qty: 9, and physical therapy for neck Qty: 9. On 08-17- 2015 the Utilization Review modified the requested treatment acupuncture for neck Qty: 9 to Acupuncture for the neck 6 visits. Chiropractic visits for neck Qty: 9 was modified to 6 chiropractic sessions. Physical therapy for neck Qty: 9 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for neck QTY: 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS states that acupuncture may be used as an option when pain medications are reduced or not tolerated. It may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. In this case, the claimant complains of chronic low back pain and remains symptomatic despite conservative measures. The request is for 9 sessions of acupuncture which exceed the recommended guidelines of 3-6 sessions as a trial. Additional sessions are supported only when there is a documentation of functional improvement from initial sessions. Within the documentation available for review, there is no clear rationale presented for 9 sessions rather than the 3-6 sessions supported by CA MTUS Guidelines. Therefore, the request is not medically necessary or appropriate.

Physical therapy for neck QTY: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS Guidelines supports the necessity of physical medicine for instruction in a home exercise program. In regards to the neck, ODG support up to 10 visits over 8 weeks for treatment of acute strain/sprain of the neck. Within the documentation presented for review, the claimant has already received 4/6 PT sessions, however the documentation does not reveal any functional benefit. This patient should be reassessed following completion of his current PT therapy prior to consideration of an additional 9 sessions of PT. Therefore, the request for 9 additional PT sessions is not medically necessary or appropriate at this time.

Chiropractic visits for neck QTY: 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back; Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment parameters state that time to produce effect is 4 to 6 treatments. It is not clear if the patient has had prior treatment and if so any functional improvement. The request for 9 visits exceeds the recommended guidelines and is therefore not medically necessary or appropriate.