

Case Number:	CM15-0193924		
Date Assigned:	10/14/2015	Date of Injury:	12/12/2014
Decision Date:	12/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 25 year old female who sustained an industrial injury on 12-12-14. The medical records indicate that the injured worker is being treated for lumbar sprain-strain with sciatica; cervical and thoracic sprain-strain; headache; depression; temporomandibular joint disorder. She currently (8-25-15) complains of constant low back pain with radiation into the left ankle and a pain level of 6-8 out of 10; constant neck pain with daily headaches (7 out of 10); left sided rib pain with coughing; jaw is locking, popping and painful. On physical exam of the lumbar spine there was decreased range of motion, pain on palpation; thoracic spine had positive orthos, decreased range of motion, tenderness and pain to palpation; cervical spine revealed decreased range of motion, tenderness to palpation, positive Soto-Hall, Shoulder depression right and left for cervical pain, foraminal compression test increased cervical pain, cervical distraction test decreased cervical pain. Her pain level on 6-26-15 was 6 out of 10. Diagnostics were not present. She has been treated with oral medications but stopped them because of drowsiness (per 7-16-15 note); topical medications; physical therapy with benefit (since at least 6-26-15); chiropractic treatments for the cervical, thoracic and lumbar spine (since at least 3-6-15). Per the 7-16-15 note the injured worker "tried therapies with positive results". The request for authorization dated 8-25-15 was for pain management once per month; acupuncture 2 times per week for 4 weeks; MRI of the cervical, thoracic and lumbar spine. On 9-3-15 Utilization Review non-certified the requests for acupuncture 2 times per week for 4 weeks to the cervical, thoracic and lumbar spine; MRI of the cervical, thoracic and lumbar spine; pain management 1 visit per

month for the cervical, thoracic and lumbar spine, modified to 1 pain management visit for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks for the cervical, thoracic and lumbar spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of acupuncture. In accordance with California MTUS Acupuncture guidelines "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. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for 1 month, q2 times per week. Although acupuncture may benefit this patient, the number requested exceeds the number of sessions necessary for a trial of acupuncture to assess functional improvement. Therefore, based on the submitted medical documentation, the request for acupuncture testing is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a cervical spine MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms or new neurologic deficits to warrant a cervical MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the cervical spine is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a thoracic spine MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms or new neurologic deficits to warrant a thoracic spine MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the thoracic spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.

Pain Management visits, once a month for the thoracic, lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & thoracic (Acute & chronic) Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of repeat pain management visits for this patient. The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic back pain that has been treated with multiple modalities. Referral to a pain management specialist may be indicated, but the requested monthly frequency (without a quantifiable number of sessions) is not indicated. Therefore, based on the submitted medical documentation, the request for follow-up pain management visit with monthly visits is not medically necessary.