

Case Number:	CM15-0209979		
Date Assigned:	10/28/2015	Date of Injury:	03/13/2014
Decision Date:	12/17/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii

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 24-year-old female, with a reported date of injury of 03-13-2014. The diagnoses include chronic sprain and strain of the cervicothoracic spine and associated musculoligamentous structures, cervical disc or intraspinal injury ruled out, tendinitis and paratendinitis of the supraspinatus tendon with impingement of the right shoulder, chronic sprain and strain of the thoracolumbosacral spine and associated musculoligamentous structures, disc protrusion with bilateral lateral recess and neuroforaminal narrowing at L4-5, left lower extremity radiculopathy with symptoms consistent with spinal stenosis, and post-traumatic stress reaction. The progress report dated 10-07-2015 indicates that the injured worker continued to have back pain. The objective findings include flexion of the back at 52 degrees; extension of the back at 10 degrees; and tenderness of L1 through S1. It was noted that the injured worker was not working. The injured worker has been instructed to remain off work until 01-07-2016. The treating physician noted that the injured worker has failed conservative treatment. The initial orthopedic surgery consultation report dated 06-29-2015 that the injured worker rated her neck pain 10 out of 10; her bilateral shoulder pain 8 out of 10; her lower back pain 10 out of 10; and her right knee pain 10 out of 10. The treating physician stated that the injured worker's back pain was secondary to a combination of spondylolisthesis and radiculopathy as a result of foraminal narrowing as evident on MRI examination. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Prilosec, Percocet, and Ibuprofen. The treating physician requested acupuncture therapy for the back, aquatic rehabilitation, and second opinion from a pain specialist for epidural and facet injections. On 10-16-2015, Utilization Review (UR) non-certified the request for acupuncture therapy for the back, aquatic rehabilitation, and second opinion from a pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the back: 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 neck, bilateral shoulders, low back and right knee pain. The current request is for Acupuncture therapy for the back. The treating physician's report dated 06/29/2015 states, "In my opinion, this patient's back pain is secondary to combination of spondylolisthesis and radiculopathy as a result of foraminal narrowing as evident on MRI examination. At this time, my recommendation is for the patient to go through aquatic rehabilitation, physical therapy exercises and acupuncture treatment." No acupuncture therapy reports were provided for review. Medical records do not show that the patient has had any acupuncture therapy in the past. The Acupuncture Medical Treatment Guidelines page 13 states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. While a trial of acupuncture may be appropriate for the patient given her symptoms, the request does not specify the number of sessions. The Acupuncture guidelines recommend an initial 3 to 6 visits. The current request is not medically necessary.

Aquatic rehab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic therapy.

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

Decision rationale: The patient presents with neck, bilateral shoulders, low back and right knee pain. The current request is for Aquatic Rehab. The treating physician's report dated 06/29/2015 states, "In my opinion, this patient's back pain is secondary to combination of spondylolisthesis and radiculopathy as a result of foraminal narrowing as evident on MRI examination. At this time, my recommendation is for the patient to go through aquatic rehabilitation, physical therapy exercises and acupuncture treatment." Aquatic therapy reports were not provided for review. Reports do not show a history of aquatic therapy. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various

myalgias and neuralgias. In this case, the documents do not show that the patient has weight bearing issues that would warrant aquatic therapy. There is no indication that the patient is not able to tolerate land-based therapy. Furthermore, the number of sessions requested was not documented. Given that the patient does not meet the required criteria for water-based therapy, the current request is not medically necessary.

Second opinion from a pain specialist (in terms of injections): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation and management - Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 127.

Decision rationale: The patient presents with neck, bilateral shoulders, low back and right knee pain. The current request is for Second opinion from a pain specialist (in terms of injections). The treating physician's report dated 06/29/2015 states, she will also benefit from evaluation by a pain management specialist for epidural and facet injections. The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, ACOEM guidelines support consultations and the request is within guidelines. The current request is medically necessary.