

Case Number:	CM15-0211035		
Date Assigned:	10/29/2015	Date of Injury:	07/28/2015
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on 7-28-2015. The injured worker was being treated for cervical disc displacement, cervical radiculopathy, lower thoracic strain, lumbar strain, and left leg radiculopathy. Treatment to date has included diagnostics, unspecified physical therapy (at least 6 sessions), and medications. On 9-08-2015, the injured worker complains of neck pain radiating into the bilateral trapezius and mid scapular region, with numbness radiating down both arms, into both hands and fingers. He also reported low back and buttock pain, with numbness radiating down the anterior thighs, through the shins into the feet. Pain was rated 5 out of 10 with medication and 10 without. Current medications included Hydrocodone, Mapap regular strength, Cyclobenzaprine, Naproxen, and Aleve. He reported difficulty with bathing, defecating, standing, sitting, reclining, walking, climbing stairs, feeling, lifting, riding, driving, sexual function, and sleep. Exam of the cervical spine and upper extremities noted tenderness to palpation over the bilateral cervical paraspinal musculature and bilateral trapezius, decreased sensation over the left C6 and C7 dermatomes, and "trace" motor power in left elbow and wrist extension. There was tenderness to palpation over T8 through T12. Exam of the lumbar spine and lower extremities noted "normal" gait, tenderness to palpation over the lumbar paraspinals from L4-S1, decreased sensation over the left L4-S1 dermatomes, and 4 of 5 motor in left knee extension and bilateral extensor hallucis longus muscle. Magnetic resonance imaging of the cervical spine "was personally reviewed" by the treating physician and revealed left paracentral disc herniation at C5-6, causing at least moderate and possibly severe left foraminal stenosis, left paracentral disc bulge at C6-7, causing moderate left foraminal stenosis, and no signal change in the cord and no spinal cord compression. The treatment plan included diagnostics, physical therapy, and acupuncture, cervical epidural steroid injection, and medications. Work status was total temporary disability.

On 10-06-2015 Utilization Review non-certified a request for physical therapy for the cervical and lumbar spine, 2x3, and acupuncture for the lumbar spine, 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 3 Weeks for the Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the cervical and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are C-5 - C6 and C6 - C7 disk displacement with moderate left foraminal stenosis; left cervical radiculopathy; lower thoracic strain; lumbar strain; and left leg radiculopathy. Date of injury is July 28, 2015. Request for authorization is September 24, 2015. According to a September 8, 2015 progress note, and the injured worker's subjective complaints are neck pain and numbness with weakness down the left arm with occasional weakness of the right. There is low back pain with left leg numbness. There was an episode of knee buckling which is a new symptom. The injured worker complained of a back pain episode proximally 10 years ago on a different work-related injury. He ultimately returned to full duty. The injured worker had two weeks of physical therapy. The dates are not specified in the total number of physical therapy sessions are not specified. An MRI of cervical spine was performed that showed a 3 mm left paracentral disc protrusion at C5 - C6 and C6 - C7 which causes moderate severe left C5 - C6 foraminal stenosis and moderate left C6 - C7 foraminal stenosis. Objectively, there is tenderness over the bilateral cervical paraspinal muscles and bilateral trapezii. There is decreased sensation over the left C6 and left C7 dermatome. Motor function is 5/5. However, the left elbow and wrist are trace/5. There is tenderness over the lower thoracic spine. The injured worker has a normal gait with no evidence of weakness. There is tenderness to palpation of the lumbar spine paraspinal muscles. There is decreased sensation over the left L4, L5 and S1 dermatomes. Motor function of the lower extremities is grossly normal. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker received two weeks of physical therapy, no documentation indicating the total

number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times three weeks to the cervical and lumbar spine is not medically necessary.

Acupuncture 2 Times a Week for 3 Weeks, Lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times three weeks to the lumbar spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are C-5 - C6 and C6 - C7 disk displacement with moderate left foraminal stenosis; left cervical radiculopathy; lower thoracic strain; lumbar strain; and left leg radiculopathy. Date of injury is July 28, 2015. Request for authorization is September 24, 2015. According to a September 8, 2015 progress note, and the injured worker's subjective complaints are neck pain and numbness with weakness down the left arm with occasional weakness of the right. There is low back pain with left leg numbness. There was an episode of knee buckling which is a new symptom. The injured worker complained of a back pain episode proximally 10 years ago on a different work-related injury. He ultimately returned to full duty. The injured worker had two weeks of physical therapy. The dates are not specified in the total number of physical therapy sessions are not specified. An MRI of cervical spine was performed that showed a 3 mm left paracentral disc protrusion at C5 - C6 and C6 - C7 which causes moderate severe left C5 - C6 foraminal stenosis and moderate left C6 - C7 foraminal stenosis. Objectively, there is tenderness over the bilateral cervical paraspinal muscles and bilateral trapezii. There is decreased sensation over the left C6 and left C7 dermatome. Motor function is 5/5. However, the left elbow and wrist are trace/5. There is tenderness over the lower thoracic spine. The injured worker has a normal gait with no evidence of weakness. There is tenderness to palpation of the lumbar spine paraspinal muscles. There is decreased sensation over the left L4, L5 and S1 dermatomes. Motor function of the lower extremities is grossly normal. There is no documentation of prior acupuncture. The guidelines allow an initial acupuncture trial 3-4 visits over two weeks. With objective functional improvement, additional acupuncture may be clinically indicated up to 8 to 12 visits. The treating provider requested six acupuncture sessions in excess of the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts to support an excessive number of acupuncture sessions in an initial evaluation and guideline recommendations for a 3-4 initial trial over two weeks, acupuncture two times per week times three weeks to the lumbar

spine is not medically necessary.