

Case Number:	CM15-0212692		
Date Assigned:	11/02/2015	Date of Injury:	06/08/2006
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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 51-year-old male, who sustained an industrial injury on June 8, 2006. He reported lower back pain. The injured worker was currently diagnosed as having cervical radiculopathy, sprains and strains of neck, lumbago and sprains and strains of lumbar region. Treatment to date has included diagnostic studies, surgery, epidural injections, physical therapy, cane and medications. On September 17, 2015, notes stated that the injured worker presented with chronic postoperative pain in his low back and cervical spine pain. There was radiation of the pain to his bilateral lower extremities. The pain was described as burning and tiring. The injured worker was noted to be addressing his nociceptive pain with Prilosec, Norflex, Tylenol No. 4 and Voltaren. Physical examination revealed spasm and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Dysethesia was noted in S1 dermatomal distributions. He had difficulty walking on his heels and toes. His medications were refilled and a request was made for physical therapy, acupuncture and plasma rich protein injections to the cervical spine and lumbar spine. On October 9, 2015, utilization review denied a request for physical therapy three times a week for four weeks for cervical spine to lumbar spine, acupuncture three times a week for four weeks for cervical spine to lumbar spine and plasma rich protein injections to cervical spine to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks for cervical spine to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks for cervical to 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sleep disorder due to pain, insomnia type; depressive disorder NEC; pain in limb; and cervical radiculopathy. Date of injury is June 8, 2006. Request for authorization is July 21, 2015. The documentation in the medical record contains incomplete progress notes regarding dates of service in question. According to a progress note dated July 16, 2015, page 1 of the three page progress note is absent from the record. According to the appeal letter dated September 17, 2015, the assessment and treatment plan of the progress note are absent from the medical record. The information extracted from both progress notes shows the injured worker subjectively complains of continued pain post operatively from the back with ongoing neck pain. The back pain radiates to the lower extremities. Objectively, there is spasm and tenderness in the paraspinal lumbar region with difficulty walking. The documentation indicates the injured worker would benefit from more conservative treatments including physical therapy. There are no prior physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. Based on clinical information in the medical record, peer-reviewed evidence based guidelines, no documentation of prior physical therapy, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy three times per week times four weeks for cervical to lumbar spine is not medically necessary.

Acupuncture 3 x 4 weeks for cervical spine to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture three times per week times four weeks for cervical spine to 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 three - four 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 sleeping disorder due to pain, insomnia type; depressive disorder NEC; pain in limb; and cervical radiculopathy. Date of injury is June 8, 2006. Request for authorization is July 21, 2015. The documentation in the medical record contains incomplete progress notes regarding dates of service in question. According to a progress note dated July 16, 2015, page 1 of the three page progress note is absent from the record. According to the appeal letter dated September 17, 2015, the assessment and treatment plan of the progress note are absent from the medical record. The information extracted from both progress notes shows the injured worker subjectively complains of continued pain post operatively from the back with ongoing neck pain. The back pain radiates to the lower extremities. Objectively, there is spasm and tenderness in the paraspinal lumbar region with difficulty walking. The documentation indicates the injured worker would benefit from more conservative treatments including acupuncture. There are no progress notes in the medical record from prior acupuncture treatment. There is no documentation demonstrating objective functional improvement from prior acupuncture. There are no compelling clinical facts indicating additional acupuncture (12 sessions) is clinically indicated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement from prior acupuncture sessions, acupuncture three times per week times four weeks for cervical spine to lumbar spine is not medically necessary.

Plasma rich protein injections to cervical spine and lumbar spine: 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), Low back - Platelet-rich plasma (PRP).

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, Platelet rich plasma (PRP).

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma to the cervical and lumbar spine is not medically necessary. Platelet rich plasma (PRP) to the lumbar spine is not recommended. The results of platelet rich plasma in spine surgery are limited and controversial. In this case, the injured worker's working diagnoses are sleeping disorder due to pain, insomnia type; depressive disorder NEC; pain in limb; and cervical radiculopathy. Date of injury is June 8, 2006. Request for authorization is July 21, 2015. The documentation in the medical record contains incomplete progress notes regarding dates of service in question. According to a progress note dated July 16, 2015, page 1 of the three page progress note is absent from the record. According to the appeal letter dated September 17, 2015, the assessment and treatment plan of the progress note are absent from the medical record. The information extracted from both progress notes shows the injured worker subjectively complains of continued pain post operatively from the back with ongoing neck pain. The back pain radiates to the lower

extremities. Objectively, there is spasm and tenderness in the paraspinal lumbar region with difficulty walking. The documentation indicates the injured worker would benefit from more conservative treatments including PRP. There are no progress notes in the medical record from prior PRP. There is no documentation demonstrating objective functional improvement from prior PRP. Additionally, the guidelines do not recommend PRP for the lumbar spine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non- recommendations for PRP, platelet rich plasma to the cervical and lumbar spine is not medically necessary.