

Case Number:	CM15-0221415		
Date Assigned:	11/16/2015	Date of Injury:	10/10/1998
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female who sustained an industrial injury on 10-10-98. A review of the medical records indicates that the worker is undergoing treatment for degeneration of cervical intervertebral disc, status post right shoulder surgery, sprain-strain of wrist- unspecified, lumbar spine sprain-strain, anxiety, mononeuritis of upper limb, lateral epicondylitis, radiculopathy, neoplasm, other pain disorders related to psychological factors, and rotator cuff sprain. Subjective complaints (9-22-15) include cervical spine pain radiating to bilateral upper extremities, right shoulder pain, right elbow pain, and right wrist pain rated at 6 out of 10, and lumbar spine pain rated at 5 out of 10 with radiation to bilateral lower extremities to the toes, with numbness, tingling and weakness. Functional change since the last examination is noted as worse. Objective findings (9-22-15) include difficulty rising from sitting, a shuffling gait, and moves gingerly. A review of systems includes abdominal pain, stress, depression, anxiety, jaw pain, sleep disturbance and unchanged since previous exam. Work status was noted as modified duties with restrictions and not currently working, and employer is unable to accommodate. Previous treatment includes chiropractic treatment (8-2014), medication, psychotherapy, and physical therapy. The treatment plan includes physical therapy for the cervical and lumbar spine, acupuncture for the cervical and lumbar spine, a neurosurgical consult (surgical request-cervical spine mass), and extracorporeal shockwave therapy for the right elbow x3. The requested treatment of acupuncture 2 times a week for 6 weeks (cervical spine, lumbar

spine), consultation with a neurologist, and physical therapy 3 times a week for 4 weeks (cervical spine, lumbar spine) was non-certified on 10-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks cervical, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that "acupuncture 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." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. (White, 2004) Acupuncture is superior to conventional massage, dry needling of local myofascial trigger points, and sham laser acupuncture, for improving active range of motion and pain in patients with chronic neck pain, especially in patients with myofascial pain syndrome. (Blossfeldt, 2004) (Konig, 2003) (Irnich, 2002) (Irnich, 2001) There is limited or conflicting evidence from clinical trials that acupuncture is superior to sham or active controls for relief of neck pain. There is moderate evidence that acupuncture is more effective than wait-list control for neck disorders with radicular symptoms. (Trinh, 2007) A recent study concluded that adequate acupuncture treatment may reduce chronic pain in the neck and shoulders and related headache, and the effect lasted for 3 years. (He, 2004) There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1996) (Bigos, 1999) (Gross-Cochrane, 2004) (Birch, 2004) Another recent trial found that acupuncture is more effective than TENS placebo treatment. (Vas, 2006) This passive intervention should be an adjunct to active rehab efforts. For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). The guidelines recommend an initial trial of 3-4 visits, this request is in excess of guideline recommendations. Additional therapy will be approved based on

functional improvement. As such, the request for Acupuncture 2 times a week for 6 weeks cervical, lumbar spine is not medically necessary.

Consultation with Neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include focused regional examination and Neurologic, ophthalmologic, or other specific screening. The treating physician does detail a rationale and provide additional information for the requested consultation. There is documentation of significant neurological findings on physical exam to warrant the consultation and a decrease in function is also detailed. As such, the request for Consultation with Neurologist is medically necessary at this time.

Physical therapy 3 times a week for 4 weeks cervical, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Neck and Upper Back, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM

guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended- Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records are unclear reference previous physical therapy. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical therapy 3 times a week for 4 weeks cervical, lumbar spine is not medically necessary.