Case Number:	CM15-0034972		
Date Assigned:	03/03/2015	**Date of Injury:**	06/01/2014
Decision Date:	04/14/2015	**UR Denial Date:**	02/06/2015
Priority:	Standard	**Application Received:**	02/24/2015

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: District of Columbia, Virginia
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 19 year old female with an industrial injury dated June 1, 2014. The injured worker diagnoses include headache, cervical muscle spasm, cervical sprain/ strain, cervicocranial syndrome, and lumbar sprain/strain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, chiropractic treatments, physical therapy and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported constant headaches, constant neck pain aggravated by movement and constant low back pain. Objective findings revealed decreased range of motion in the cervical spine with pain, tenderness to palpitation of the cervical paravertebral muscles, and muscle spasms of the cervical paravertebral muscles. The treating physician also noted that cervical compression caused pain. The treating physician prescribed services for acupuncture 1 x 6 for cervical spine, follow-up visit for pain medication, orthopedic consult for cervical spine, physical therapy 1 x 6 for cervical spine, and urine screen. Utilization Review determination on February 6, 2015 denied the request for acupuncture 1 x 6 for cervical spine, follow-up visit for pain medication, orthopedic consult for cervical spine, physical therapy 1 x 6 for cervical spine, and urine screen, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 for Cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines 9792 Page(s): 8-9.

Decision rationale: Per MTUS: 9792.24.1. Acupuncture Medical Treatment Guidelines(a) As used in this section, the following definitions apply: (1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase. Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 (Final Version). From the clinical data provided, the patient is receiving acupuncture which is within the recommended guidelines and is showing signs of improvement. This would be medically indicated. Blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (2) "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) 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 as defined in Section 9792.20(ef). (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist.

Physical therapy 1 x 6 for Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 98-99.

Decision rationale: Per MTUS: Physical Medicine "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing." CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127 swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient had issues with pain and myalgia. Per review of the clinical data provided and guidelines above, the requested PT sessions would be appropriate.

Orthopedic consult for Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): ch7, pg 127.

Decision rationale: Per ACOEM guidelines, consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Per review of the clinical data provided, the patient was to have a

visit with [redacted] for evaluation with cervical and lumbar spine issues. This would be medically appropriate.

Follow-up visit for pain medication: Overturned

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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg-office visit.

Decision rationale: ODG-office visit Recommended as determined to be medically necessary. Evaluation and management (E & M) outpatient visits to the offices of medical doctors 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 medications such as opiates or medications such as 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. The ODG codes for automated approval (CAA), designed to automate claims management decision-making, indicates the number of E & M office visits (codes 99201-992285) reflecting the typical encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a 'flag' to payors for possible evaluation, however, payors should not automatically deny payment for theres if preauthorization has not been obtained. Note: the high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures but not about the recommended number of E &M office visits. Studies have and are being conducted as to the value of the 'virtual visits' compared with inpatient visits, however the value of patient/doctor interventions has not been questions (Dixon 2008) (Wallace 2004). Further ODG does provide guidance for therapeutic office visits not included among the E & M codes for example chiropractic manipulation and Physical/Occupational therapy. (Low Back Chapter) Per review of the clinical data provided, the patient was to have a follow up visit with [redacted] for pain issues. This would be medically appropriately.

Urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a. Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. This patient was not narcotics or opiate medications. The patient has no issues with drug abuse. A urine drug screen would not be indicated.