

<b>Case Number:</b>	CM15-0049157		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41 year old male, who sustained an industrial injury on 11/1/13. He reported pain in neck, shoulders, right hand, right foot, left knee and left foot. The injured worker was diagnosed as having C5-7 disc herniation with bilateral foraminal stenosis and moderate discogenic changes at C5-7. Treatment to date has included left shoulder surgery, oral medications, topical medications and physical therapy. Currently, the injured worker complains of neck pain. Physical exam noted decreased range of motion of neck and limited strength due to left shoulder surgery. The treatment plan included a recommendation for epidural steroid injection. A request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for cervical spine/left foot for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records do not indicate whether the patient has had previous aquatic therapy. Furthermore, the cervical spine is not an area where reduced weight bearing is typically necessary, and there no identification of any rationale for aquatic therapy to this region. Furthermore, the CPMTG specify that the aquatic therapy guidelines in terms of number of session follow the land-based therapy guidelines. But without further information about physical therapy to date, the number of allowed session cannot be determined. This request is not medically necessary.

**Retrospective follow up for cervical spine with date of service 7/11/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for a retrospective office follow-up visit, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, it is not clear as to the rationale for this office visit. Furthermore, documentation from this date of service is not provided. In light of the above issues, the retrospective request is not medically necessary.

**Acupuncture for cervical spine/left foot (2-3 per week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is

recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no comprehensive summary of how many sessions were previously attended and the functional outcome of prior acupuncture was not identified. If this is an initial request, only 6 sessions are granted initially. Given this, the currently requested acupuncture is not medically necessary.

**Follow-up for cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for an office follow-up visit, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, the most recent progress note from December 2014 indicates the patient continues with significant neck pain and was felt to be an 'excellent injectional candidate." Given the continued pain documentation, this request is medically necessary.