

Case Number:	CM15-0069098		
Date Assigned:	04/16/2015	Date of Injury:	07/06/2007
Decision Date:	07/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 58 year old female who sustained a cumulative industrial injury as a care giver on 07/06/2007. The injured worker was diagnosed with cervical disc displacement with radiculopathy, cervical spinal stenosis, and thoracic sprain/strain, lumbar disc displacement with radiculopathy, lumbar spinal stenosis, and shoulder rotator cuff syndrome. Documented treatment to date includes diagnostic testing, chiropractic therapy and medications. According to the primary treating physician's progress report on February 2, 2015, the injured worker continues to experience dull, aching neck pain with headaches, low and mid back pain, bilateral shoulder and left knee pain. Her cervical, mid and low back pain is rated at 9/10 without medications and 8/10 with medications. The cervical pain is associated with radiating pain, numbness and tingling in both upper extremities and decreased sensory and motor strength. The low back pain radiates to the lower extremities with numbness and tingling. Examination reveals normal gait and posture. Examination of the cervical spine demonstrated tenderness to palpation with myospasm over the paracervical and bilateral trapezius muscles with decreased range of motion in all planes. Parathoracic myospasm is present bilaterally with decreased range of motion. The lumbar spine demonstrated tenderness in the sciatic notches and tenderness to palpation with myospasm over the bilateral paralumbar muscles with decreased range of motion. Positive straight leg raise produced posterior thigh pain. A positive Braggard's test bilaterally was also noted. Shoulder impingement and supraspinatus test were positive bilaterally. Current medications are listed as Norco, Naproxen, Tramadol, Gabapentin, Cyclobenzaprine, Omeprazole and topical analgesics. Treatment plan consists of current medication regimen and

the current request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper and lower extremities, Chiropractic therapy, acupuncture therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine (3x2) 6 sessions: Upheld

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

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

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation shows that the injured worker complains of chronic radicular low back pain managed to date with multiple treatment modalities, including medications and Chiropractic care. Given that the symptoms are chronic and there is no report of significant improvement in physical function or exceptional factors, medical necessity for acupuncture has not been established. In addition, the requested number of visits exceeds that recommended for initial treatment. Per guidelines, the request for Acupuncture for lumbar spine (3x2) 6 sessions is not medically necessary.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of chronic radicular low back pain, with an injury dating over 7 years prior to the date of the requested service under review. Documentation fails to demonstrate significant improvement in pain or function with treatment to date, which includes medication and Chiropractic. At the time of requested consult, physician report failed to demonstrate that there was acute exacerbation of the symptoms. Being that the medical necessity for Acupuncture has not been established, the

request for consultation is no longer indicated. The request for Consultation is not medically necessary per guidelines.

Chiropractic care for the lumbar spine 3 times per week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Per MTUS, elective/maintenance care is not medically necessary. The injured worker complains of chronic radicular low back pain. Documentation provided for review reveals that the injured worker has had previous chiropractic treatment, but there is lack of detailed information regarding the number of visits or objective clinical outcome of the treatment. Given that the injured worker has completed an initial course of chiropractic care and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional chiropractic treatment has not been established. Per guidelines, the request for Chiropractic care for the lumbar spine 3 times per week for 12 weeks is not medically necessary.

Physical therapy for the lumbar spine 3 times per week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS 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) Physical Therapy Chapter.

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Documentation shows that the injured worker complains of chronic radicular low back pain managed over time with multiple treatment modalities, including medications and Chiropractic care. There is lack of additional information regarding any previously prescribed physical therapy for this injured worker's condition, with an injury dating over 7 years prior to the date of the requested service under review. Per guidelines, the request for Physical therapy for the lumbar spine 3 times per week for 12 weeks is not medically necessary.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of chronic radicular low back pain, with an injury dating over 7 years prior to the date of the requested service under review. Documentation fails to demonstrate significant improvement in pain or function with treatment to date, which includes medication and Chiropractic. At the time of requested consult, physician report failed to demonstrate that there was acute exacerbation of the symptoms. Being that the medical necessity for additional Chiropractic treatment has not been established, the request for consultation is no longer indicated. The request for Consultation is not medically necessary per guidelines.

EMG/NCV of the lower extremity/lumbar paraspiral muscles x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms because of radiculopathy. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with lumbar disc displacement with radiculopathy and lumbar spinal stenosis. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. The request for EMG/NCV of the lower extremity/lumbar paraspiral muscles x1 is not medically necessary by MTUS.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of chronic radicular low back pain, with an injury dating over 7 years prior to the date of the requested service under review. Documentation fails to demonstrate significant improvement in pain or function with treatment to date, which includes medication and Chiropractic. At the time of requested consult, physician report failed to demonstrate that there was acute exacerbation of the symptoms. Being that the medical necessity for Physical therapy has not been established; the request for consultation is no longer indicated. The request for Consultation is not medically necessary per guidelines.