

Case Number:	CM15-0081764		
Date Assigned:	05/04/2015	Date of Injury:	09/19/2008
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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 42 year old female, who sustained an industrial injury on 09/19/2008. She reported that while lifting boxes onto a cart that weighed approximately 10 to 50 pounds she felt pain in the neck and the lower back. The injured worker was diagnosed as having back pain and neuropathic pain. Treatment to date has included physical therapy, electromyogram, x-rays of the lumbar spine, medication regimen, rheumatology consultation, and magnetic resonance imaging of the lumbar spine. In a progress note dated 04/14/2015 the treating physician reports complaints of constant, sharp, burning pain to the mid to low back that is rated an eight to ten out of ten. The treating physician also noted tenderness and spasm on palpation of the lumbar paraspinal muscles and sacroiliac joint. The treating physician requested spinal surgeon evaluation as requested by the injured worker. The treating physician also requested physical therapy program and acupuncture evaluation and treatment, but the documentation provided did not indicate the specific reason for these requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy unspecified, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy unspecified (12 visits) 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are myofascial pain; disc herniation; discrimination; carpal tunnel syndrome; depression; DeQuervain's; trigger finger; facet arthropathy; scoliosis; back pain and neuropathic pain. The treating provider (next to the back pain diagnosis) documents referral to spine surgery. The documentation in the medical record, according to an October 30, 2013 follow-up progress note, shows electrodiagnostic studies were normal with no evidence of radiculopathy. An MRI dated April 8, 2015 showed small central disc creation at L1 - L2 without compression of the nerve roots. Subjectively, according to an April 14, 2015 progress note, the injured worker complains of neck, hand and low back pain. The VAS pain scale at the low back is 8-10/10. Objectively, there is no focal weakness and there are no radicular symptoms. There is tenderness to palpation with spasm overlying the lumbar spine. The documentation indicates the injured worker had prior physical therapy authorized in July 2013. The injured worker declined physical therapy at that time. The injured worker had prior physical therapy subsequently (according to the utilization review). There are no physical therapy progress notes documented in the medical record and there is no documentation of objective functional improvement. There are no compelling clinical facts in the medical record indicating additional therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, the total number of physical therapy sessions received and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy unspecified (12 visits) is not medically necessary.

Acupuncture unspecified, 8 visits: 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 section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture unspecified (eight visits) 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 myofascial pain; disc herniation; discrimination; carpal tunnel syndrome; depression; DeQuervain's; trigger finger; facet arthropathy; scoliosis; back pain and neuropathic pain. The treating provider (next to the back pain diagnosis) documents referral to spine surgery. The documentation in the medical record, according to an October 30, 2013 follow-up progress note, shows electrodiagnostic studies were normal with no evidence of radiculopathy. An MRI dated April 8, 2015 showed small central disc creation at L1 - L2 without compression of the nerve roots. Subjectively, according to an April 14, 2015 progress note, the injured worker complains of neck, hand and low back pain. The VAS pain scale at the low back is 8-10/10. Objectively, there is no focal weakness and there are no radicular symptoms. There is tenderness to palpation with spasm overlying the lumbar spine. Documentation, according to a July 2013 progress note, shows the worker received six acupuncture sessions. There is no documentation in the medical record of objective functional improvement. The guidelines allow for a 3 to 4 visit clinical trial. The objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be clinically indicated. There is no clinical documentation indicating objective functional improvement and there are no acupuncture session progress notes. Additionally, physical therapy is not medically necessary (supra). Acupuncture is indicated with other active interventions. There are no additional ongoing active interventions (physical therapy is not medically necessary) documented. The evidence is inconclusive for repeating this procedure beyond an initial short period. Consequently, absent clinical documentation with evidence of objective functional improvement, other active interventions with guideline non-recommendations for repeating the procedure beyond an initial short period, acupuncture unspecified (eight visits) is not medically necessary.

Spine surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, spine surgery consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are myofascial pain; disc herniation;

discrimination; carpal tunnel syndrome; depression; DeQuervain's; trigger finger; facet arthropathy; scoliosis; back pain and neuropathic pain. The treating provider (next to the back pain diagnosis) documents referral to spine surgery. The documentation in the medical record, according to an October 30, 2013 follow-up progress note, shows electrodiagnostic studies were normal with no evidence of radiculopathy. An MRI dated April 8, 2015 showed small central disc creation at L1 - L2 without compression of the nerve roots. Subjectively, according to an April 14, 2015 progress note, the injured worker complains of neck, hand and low back pain. The VAS pain scale at the low back is 8-10/10. Objectively, there is no focal weakness and there are no radicular symptoms. There is tenderness to palpation with spasm overlying the lumbar spine. There are no structural abnormalities documented in the medical record. Additional there are no facts in the medical record that will aid in the diagnosis, prognosis and therapeutic management of an injured worker if referred to a spine surgery consultant. Consequently, absence of compelling clinical documentation with structural abnormalities that will aid in the diagnosis, prognosis and therapeutic management of an injured worker, spine surgery consultation is not medically necessary.