

Case Number:	CM15-0088820		
Date Assigned:	05/13/2015	Date of Injury:	08/05/2014
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/08/2015

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 29 year old male, who sustained an industrial/work injury on 8/5/14. He reported initial complaints of dizziness from concussion. The injured worker was diagnosed as having concussion, visual disturbance, anxiety, vertigo, posttraumatic headache, insomnia, and neck sprain. Treatment to date has included diagnostics, physical therapy, sleep study, neurology, and dermatology. MRI results of the neck and head were reported on 3/5/15 revealed straightening of normal curvature from muscle spasm, C2-3 disc space shows desiccation with normal stature and central disc protrusion by approximately 2 mm with ventral narrowing of the thecal sac and right lateral recess. C3-4, C4-5, C5-6 disc space shows desiccation. The head MRI revealed moderate nasal septum deviation to the right and thickening of the maxillary and ethmoid sinuses from chronic or allergic disease changes. X-Rays results were reported on 8/9/14 demonstrated hypolordosis with anterior head translation, spondylosis at C5-C6, consistent with degenerative spinal disease. Currently, the injured worker complains of dizziness and blurred vision on the right eye is less frequent and less intense (2-3 times a week). There was pain when touching area under the right eye. Per the primary physician's progress report (PR-2) on 3/17/15, there was memory difficulties, difficulty sleeping, neck pain rated 4-5/10 with movement, headaches every 3 days that last 2 hours and rated 5-6/10, feeling desperation and stressed. Examination of the cervical spine reported some limited range of motion; tenderness with palpation over the spinous processes from C1-C7, compression caused neck pain in extended position. The requested treatments include physical therapy to the cervical spine and acupuncture to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks cervical spine: Upheld

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

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) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine 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 cervical sprain/strain; posttraumatic headache; concussion with brief loss of consciousness; vertigo; anxiety; and visual disturbance. Documentation from a March 17th 2015 progress note shows the injured worker has subjective neck pain 4-5/10 with headache. Objectively, the neurologic evaluation included reflexes with no other objective clinical findings. The documentation indicates the injured worker completed 16 physical therapy sessions to date. There are no physical therapy progress notes and no documentation of objective functional improvement. The treating provider is requesting an additional 12 sessions of physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with evidence of objective functional improvements of prior physical therapy (16 sessions), physical therapy two times per week times six weeks to the cervical spine is not medically necessary.

Acupuncture 2 times a week for 6 weeks cervical spine: 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 two times per week time six weeks to the cervical spine 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 3-4 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 cervical sprain/strain; posttraumatic headache; concussion with brief loss of consciousness; vertigo; anxiety; and visual disturbance. Documentation from a March 17, 2015 progress note shows the injured worker has subjective neck pain 4-5/10 with headache. Objectively, the neurologic evaluation included reflexes with no other objective clinical findings. The documentation indicates the injured worker completed 16 physical therapy sessions to date. The treating provider requested a trial of acupuncture consisting of two visits per week time six weeks. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement at total of up to 8 to 12 visits may be indicated. The treating provider exceeded the recommended guidelines for acupuncture trial. Consequently, absent compelling clinical documentation for acupuncture with a request in excess of the recommended guidelines, acupuncture two times per week time six weeks to the cervical spine is not medically necessary.