

Case Number:	CM14-0134367		
Date Assigned:	08/29/2014	Date of Injury:	12/03/2013
Decision Date:	10/09/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old right-hand dominant male who sustained work-related injuries on December 3, 2013. He was initially seen on December 12, 2013 and presented complaints of constant mild achy neck pain radiating to the upper back rated at 3/10 and becoming moderate 7/10 sharp. He also complained of constant moderate 4/10 achy low back pain with numbness and tingling sensation to the left leg down to the calf with numbness and tingling sensation becoming severe rated at 9/10. Sensory was decreased globally in the left lower extremity. A cervical spine examination noted +3 tenderness and spasm over the paravertebral muscles. His range of motion was limited. Cervical compression was positive bilaterally while shoulder depression caused pain on the left. A lumbar spine examination noted +3 tenderness and spasms on the lumbar paravertebral muscles while tenderness was noted in the bilateral sacroiliac joints. Range of motion was limited in all planes. Kemp's test and straight leg raising test were positive bilaterally. Treatments thereafter include 10 chiropractic treatments, physical therapy 2-3 per week for six weeks which did not provide significant results, kinetic activities, X-ray of the cervical dated February 14, 2014 which revealed there is prominence of the transverse processes of C7 bilaterally, more on the right than left, with appearance suggesting forme fruste right cervical rib while lumbar spine x-ray revealed decrease in the height of the disc space at L5-S1 which could be congenital and/or associated with discogenic disease as well as small anterior osteophyte formation and lateral osteophyte formation at L4, lower extremity electromyography (EMG)/ nerve conduction studies (NCV), lumbar magnetic resonance imaging scan dated February 19, 2014 which revealed (a) L3-4: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing; (b) L4-5: 2 mm posterior disc bulge resulting in moderate right and mild left neural foraminal narrowing. His central canal is adequate. Bilateral exiting nerve root compromise is seen; and (c) L5-S1: 2-3 mm posterior disc

bulge without evidence of canal stenosis or neural foraminal narrowing. A magnetic resonance imaging scan of the cervical spine dated March 22, 2014 revealed (a) nonspecific straightening of the normal cervical lordosis, query strain, and (b) 1-2 posterior bulge without evidence of canal stenosis or neural foraminal narrowing on C3-C4, C4-C5, C5-C6, and C6-C7. A urine screen test collected on April 15, 2014 indicated that he is negative for any of the indicated components of his medication. Per the most recent medical records dated August 7, 2014, the injured worker complained of cervical spine and lumbar spine pain. He also complained of nausea. Objectively, tenderness was noted over the lumbar spine. His range of motion was limited. Cervical range of motion was also limited. He was diagnosed with (a) cervical spine/lumbar spine sprain and strain with myospasms and (b) radiculitis versus radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Utilization Schedule Definitions Page(s): 1.

Decision rationale: According to evidence-based guidelines, acupuncture treatments may be extended if functional improvement is documented. Additionally, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) as well as a reduction in the dependency on continued medical treatment. A review of this injured worker's documentation does not indicate that his clinical presentation satisfies the indications as presented above. Moreover, there is no indication that his medications were reduced or cannot tolerate pain medications. Also, there is no evidence that an ongoing physical therapy is to be used at the same time with acupuncture as previous physical therapy sessions was documented not provide any pain relief or functional improvement. Based on these reasons, the medical necessity of the requested continue with acupuncture is not established.

Urine tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT)

Decision rationale: Evidence-based guidelines indicate that urine drug screening test is to be performed for injured workers who are taking opioid drugs in the chronic phase. Current

medical documentation indicates that he is only taking Motrin and Prilosec. Due to absence of opioids as part of this injured worker's oral medication, the requested urine toxicology screening test is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility

Decision rationale: A review of this injured worker's records does not clearly indicate if the requested range of motion is to be done in the conventional way or will be measured digitally. However, digital/computed range of motion is not recommended by evidence-based guidelines as correlation between range of motion measures and functional ability is weak or non-existent. If the requested range of motion is done through conventional means then it should be part of the evaluation done in every office visit's physical examination. The provider did not give any compelling evidence as to why range of motion should be billed separately from office visits as range of motion measurement is a part of the physical examination done with injured workers. Therefore, the medical necessity of the requested range of motion is not established.