MAXIMUS Federal Services

Case Number:	CM14-0142072		
Date Assigned:	10/15/2014	Date of Injury:	08/01/2013
Decision Date:	12/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

Physical examination to the cervical spine revealed tenderness to palpation and muscle spasm to the cervical paravertebral muscles. Range of motion was decreased and painful. Positive cervical compression and bilateral shoulder depression tests. Examination of the thoracic spine revealed tenderness to palpation and muscle spasms to the thoracic paravertebral muscles, decreased and painful range of motion, and positive bilateral Kemp's test. Examination of the lumbar spine revealed positive trigger points, tenderness to palpation and spasm to the paraspinal muscles. Range of motion was decreased and painful. Positive straight leg raise test on the right. Per physicians report dated 07/25/14, the patient has been instructed to remain off-work until 09/08/14. Per progress report dated 07/25/14, the patient received 24 physical therapy, 19 acupuncture, and 24 chiropractic sessions. The physician is requesting additional acupuncture and aquatic sessions to increase range of motion, activities of daily living, and decrease pain. Diagnostic Findings: -EMG of Bilateral Lower Extremities: right S1 radiculopathy 01/21/14- MRI: Thoracic spine - normal; cervical spine - ML DP, annular tear; Lumbar spine - ML DP, annular tear 01/18/14. Diagnosis as of 07/25/14 include cervical annular tear, cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, thoracic myospasm, thoracic pain, thoracic sprain/strain, lumbar annular tear, lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar sprain/strain, fatigue, loss of sleep, sleep disturbance, elevated blood pressure and hypertension. The utilization review determination being challenged is dated 08/07/14. Treatment reports were provided from 03/07/14 - 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once per week for 4 weeks for the neck and the thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with constant neck, upper/mid back, and low back pain. Patient's diagnosis dated 06/05/14 included cervical and lumbar disc protrusion, cervical/thoracic/lumbar pain and myospasm, cervical radiculopathy, thoracic and lumbar sprain/strain, and lumbar annular tear. Examination of cervical, thoracic, and lumbar spine on 07/25/14 revealed decreased range of motion. Per progress report dated 07/25/14, the patient received 19 acupuncture sessions. Patient has been instructed to remain off-work until 09/08/14. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The physician is requesting additional acupuncture "to increase range of motion, activities of daily living, and decrease pain." The patient received 19 acupuncture sessions per 07/25/14 progress report. The physician has not discussed pain and functional improvement from the treatment. The request for additional acupuncture is not warranted by MTUS. Recommendation is for denial.

Aquatic Physical Therapy for 12 session for the neck and the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with constant pain of neck, upper/mid back, and low back pain. Patient's diagnosis dated 06/05/14 included cervical and lumbar disc protrusion, cervical/thoracic/lumbar pain and myospasm, cervical radiculopathy, thoracic and lumbar sprain/strain, and lumbar annular tear. Examination of cervical, thoracic, and lumbar spine on 07/25/14 revealed decreased range of motion. Patient has been instructed to remain off-work until 09/08/14. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and

higher intensities may be required to preserve most of these gains." MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". The physician is requesting aquatic sessions "to increase range of motion, activities of daily living, and decrease pain." The request for 12 sessions would exceed what is allowed by MTUS. While it would appear that the patient has not had water therapy, there is no documentation of the need for weight-reduced exercises or extreme obesity to qualify for water therapy, per MTUS. Recommendation is for denial.

Chiropractic care once per week for 4 weeks for the neck and the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding manual therapy and treatments Page(s): 58, 59.

Decision rationale: The patient presents with constant pain of neck, upper/mid back, and low back pain Patient's diagnosis dated 06/05/14 included cervical and lumbar disc protrusion, cervical/thoracic/lumbar pain and myospasm, cervical radiculopathy, thoracic and lumbar sprain/strain, and lumbar annular tear. Examination of cervical, thoracic, and lumbar spine on 07/25/14 revealed decreased range of motion. Per the physicians report dated 07/25/14, the patient has been instructed to remain off-work until 09/08/14. MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58-59) "Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." The physician has not discussed reason for the request other than subjective pain. Per progress report dated 07/25/14, the patient received 24 chiropractic treatments. The physician has not documented functional improvement or decrease in pain as a result of treatments. The request for additional sessions is not warranted by MTUS. Recommendation is for denial.