

Case Number:	CM14-0160641		
Date Assigned:	10/06/2014	Date of Injury:	03/21/2014
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 61 year old male who sustained industrial-related injuries on March 21, 2014 when a refrigerator fell onto him at work. Immediately after the accident, he was taken to [REDACTED] and was thought to have a spinal cord injury due to initial complaints of sensory loss of the bilateral lower extremities consistent with a possible T4 injury. He was paralyzed in both the upper and lower extremities for 3 to 4 days. A Chest x-ray, computed tomography (CT) scan of the head without contrast, computed tomography (CT) scan of the chest with contrast, computed tomography (CT) scan of the abdomen/pelvis with contrast, and computed tomography (CT) scans of the cervical, thoracic and lumbar spines were all negative. Magnetic resonance imaging (MRI) of the cervical, thoracic and lumbar spines were negative for any acute spinal injuries but revealed: (a) no acute spinal injuries, (b) moderate central canal stenosis from degenerative disc osteophytes complexes and multilevel neuroforaminal narrowing in the cervical spine, (c) left paramedial disc extrusion at L4-L5 with impingement of the left L5 nerve. The injured worker underwent a course of physical therapy from March 23, 2014 through March 27, 2014 and he was noted to be significantly improved and ambulating on the last day. He was discharged from the hospital on March 27, 2014. A review of physical therapy notes from [REDACTED], the injured worker underwent 6 sessions of physical therapy for the cervical, thoracic, and lumbar spines from April 14, 2014 through May 1, 2014. As per note dated May 1, 2014, the injured worker exhibited no capacity for advancement of therapeutic activity during treatment and no significant improvements were noted. Rehabilitation was put on hold awaiting medical orders. A consultation dated May 2, 2014, his treating physician recommended he cervical magnetic resonance imaging (MRI) to rule out cervical myelitis and to continue with physical therapy upon release of magnetic resonance imaging (MRI). A cervical magnetic resonance imaging (MRI) scan without contrast dated May

16, 2014 demonstrated (a) degenerative disc disease at C3-C4 through C6-C7; (b) degenerative joint disease (DJD) in the facets at multiple sites; (c) combined congenital and degenerative central spinal canal stenosis and entrapment of the cervical spinal cord from C3 through C6 and to a lesser extent at C6-C7; and (d) moderate-to-severe neural foraminal stenosis on the bilateral C3 through C7 levels. An evaluation report dated May 30, 2014 noted complaints of diffuse weakness throughout the upper extremities, not observed on magnetic resonance imaging (MRI) scans. His treating physician symptom exaggeration is present in this case and diagnostic left L5 nerve block was offered and declined. A report dated July 22, 2014 noted the injured worker refused nerve conduction studies (NCS)/electromyography (EMG) of the lower extremities, which has been approved. A report dated August 12, 2014 noted the injured worker's reports of improvement with his exercises and expressed interest with aquatic therapy. Recent evaluation dated September 10, 2014 noted the injured worker reported pain rated as 10/10 with leg tremors and difficulty standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontophoresis, 3 times a week, cervical , thoracic and lumbar spine quantity 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 214, 288-296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Iontophoresis Official Disability Guidelines (ODG) Neck and Upper Back, Iontophoresis

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines are not applicable. Per Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the reviewer based his decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). As per American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG), iontophoresis is not recommended for neck, upper back or low back. There is little information available from trials to support the use of any physical medicine modalities for mechanical neck pain. Therefore, it can be concluded that the medical necessity of iontophoresis 3 times a week for the cervical, thoracic and lumbar spines, quantity 6.00, is not medically necessary.

Therapeutic exercises, 3 times a week, cervical, thoracic and lumbar spine quantity 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 298-301, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain 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. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines make the following recommendations: for neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over four weeks. The medical records submitted and reviewed indicate that the injured worker had 6 prior physical therapy sessions and the current request is for 6 additional sessions. However, there is no evidence of functional improvement from prior physical therapy sessions, as the "injured worker exhibited no capacity for advancement of therapeutic activity during treatment and no significant improvements were noted" as per therapy note dated May 1, 2014. Aquatic therapy has been previously prescribed, but it is unclear in the medical records provided whether the injured worker underwent this. The injured worker remains off work, and highly reliant on medical treatment and office visits. Failure to return to work and failure to reduce dependence of medical treatment argues against functional improvement with prior physical therapy. Guidelines state that there must be demonstration of functional improvement at various milestones in any functional restoration program so as to justify continued treatment. The guideline criteria have not been met. Therefore, it can be concluded that the medical necessity of therapeutic exercises 3 times a week for the cervical, thoracic, and lumbar spines, quantity 6.00, is not medically necessary.

Manual Therapy, 3 times a week, cervical, thoracic and lumbar spine quantity 6.00:
Overturned

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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the neck, upper back and low back, therapy is recommended initially in a therapeutic trial of 6 sessions with objective functional improvement a total up to 18 visits over 6-8 weeks may be appropriate, provided evidence of substantial progression. If no response to two weeks of application, it should be discontinued and two weeks of a different method/ other treatment should be considered. Review of medical records available indicates that the injured worker has not been provided with any manipulation therapy during his course of treatment so far. Therefore, it can be concluded that the medical necessity of manual therapy three times a week for cervical, thoracic and lumbar spines, quantity: 6.00 is medically necessary at this time. Review of medical records available indicates that the injured worker has not been provided with any manipulation therapy during his course of treatment so far.

Electric Stimulation 3 times a week, cervical, thoracic and lumbar spine quantity 6.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 214, 293-295, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that electrical stimulation therapy is not recommended as a primary treatment modality but a one-month home-based trial may be considered as a non-invasive conservative option if used as an adjunct to a program supporting graded strengthening and exercises. For injured workers who are not involved in a condition program and who are non-compliant with graded increases in activity levels, this intervention is not recommended. As per medical records submitted, there is no evidence of a previous successful trial with this treatment modality resulting in decreased pain and improve function. In addition, the specific type of electrical muscle stimulation treatment is not specified. There is no documentation of a treatment plan including the specific long-term and short-term goals of treatment with the unit to establish its medical necessity. Therefore, it can be concluded that the medical necessity of electrical stimulation 3 times a week for the cervical, thoracic and lumbar spines is not medically necessary.