

Case Number:	CM15-0016534		
Date Assigned:	02/04/2015	Date of Injury:	01/14/2011
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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

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 year old male injured worker suffered and industrial injury on 1/14/2011. The diagnoses were closed fracture of the cervical vertebra, herniated cervical disc with cord contusion and quadriparesis. The diagnostic studies were magnetic resonance imaging of the cervical spine and lumbar x-rays. The treatments were cervical fusion and medications. The treating provider reported the stiffness in the neck was worsening with significant neurological deficits. The Utilization Review Determination on 1/23/2015 non-certified: 1. Aqua Therapy 2 times a week for 3 weeks for the cervical spine, citing MTUS 2. Acupuncture 2 times a week for 3 weeks for the cervical spine, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The progress report dated 11-25-2014 documented weight 129 pounds and height was 66 inches. The patient had cervical spine surgery on 01-16-2011. No lower extremity conditions were documented. No limitations on weight bearing was documented. No extreme obesity was documented. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 11-25-2014 progress report does not support aquatic therapy in accordance with MTUS guidelines. Therefore, the request for aqua therapy is not medically necessary.

Acupuncture 2 times a week for 3 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The medical records document that patient had cervical spine surgery on 01-16-2011. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck conditions. Therefore, the request for acupuncture is not medically necessary.