

Case Number:	CM15-0117593		
Date Assigned:	06/25/2015	Date of Injury:	02/04/2002
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 2/4/02. Diagnoses are post-laminectomy syndrome, cervical, spondylosis, lumbar radiculopathy and status post spinal fusion C5-C7- 2006. In a progress note dated 5/7/15, the treating physician notes she is seen for follow up of chronic neck and low back pain. The injured worker reports increasing neck pain for the past 3 weeks after receiving massage therapy. Complaints are of tingling, numbness and weakness to the right upper extremity. She has been applying ice, heat, the home transcutaneous electrical nerve stimulation unit, and analgesics with mild relief of the pain. Back pain continues to ache but she has no complaints on this date. On exam of the cervical spine, there is restricted extension and bilateral twisting with pain, spine tenderness to palpation at C3, C4 with moderate to severe paravertebral spasms on the right. Sensory exam of bilateral upper extremities is normal. Previous treatment includes MRI of the lumbar spine-9/2012, facet injections-5/12/14 and 1/12/15, a home exercise program on a daily basis, including TaiChi, acupuncture, therapy, transcutaneous electrical nerve stimulation, chiropractics, Motrin, Ultracet and Trazadone. A urine drug screen of 10/6/14 is noted as consistent. The treatment plan is to continue Nucynta and Robaxin, and start Butrans film- extended release patch. The physician notes she is currently in a pain flare after a massage 3 weeks ago. A cervical facet injection was done on 1/12/15, which she reported near 100% pain relief. Cervical radiofrequency was discussed but she declined. She would like to do a trial of acupuncture for 6 visits. The home exercise program with stretching and strengthening was encouraged as well as proper body

mechanics and posture. The treatment requested is acupuncture 2 times a week for 3 weeks to the lumbar spine, figure 8 brace, and a soft cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 2x3 to the lumbar spine is not medically necessary and appropriate.

Figure 8 Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Bracing, Collars, pages 577-578.

Decision rationale: There is no indication of clavicle fracture, instability, compression fracture, or spondylolisthesis precautions to warrant a Figure 8 brace beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the postural brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a figure 8 brace cannot be medically recommended. CA MTUS states that postural supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This

claimant is well beyond the acute phase for this chronic injury of 2002. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific chronic pain and only recommended spinal supports as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Figure 8 Brace is not medically necessary and appropriate.

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Collars (cervical).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Cervical Collars, pages 577-578.

Decision rationale: Regarding the request for a cervical collar, ACOEM guidelines states cervical collars have not demonstrated any lasting benefit, except for the first few days in severe cases and may in fact, cause weakness and debilitation from its prolonged use of immobilization. ODG also does not recommend cervical collars for neck sprain and strain or even post one-level cervical fusion due to lack of scientific benefit from bracing. Submitted reports have not adequately demonstrated the indication or necessity for this cervical collar without clinical findings of instability for this chronic injury of 2002 without report of acute flare, new injury, or progressive deterioration. The Soft cervical collar is not medically necessary and appropriate.