

Case Number:	CM15-0128142		
Date Assigned:	07/14/2015	Date of Injury:	11/19/2013
Decision Date:	08/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/02/2015

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, Pain Management

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 50 year old male, who sustained an industrial injury on 11/19/13. Initial complaints were of a fall with immediate pain in the head, low back, bilateral shoulders, chest, bilateral thighs and bilateral knees. The injured worker was diagnosed as having cervical spine myoligamentous sprain/strain; cervical spine degenerative disc disease; bilateral shoulder impingement syndrome; lumbar spine myoligamentous sprain/strain; lumbar spine degenerative disc disease; lumbago; left knee internal derangement/arthritis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee (2/9/15); MRI lumbar spine (2/11/15). Currently, the PR-2 notes dated 2/19/15 indicated the injured worker complains of neck pain and stiffness. He denies any headache. His neck pain occurs off and on and is increased with flexion, extension and rotation of his neck. Turning his head to the left causes the most pain. He complains of bilateral shoulder pain with the left greater than the right. Pain in the right shoulder is intermittent. Pain in the left shoulder occurs continuously and is increased with attempts to reach, push, pull, overhead use and lifting activities. He states that pain encompasses the entire shoulder joint bilaterally. He denies radiation pain into the arms. He has restricted range of motion in both shoulders. The lumbar spine pain is in the midline and radiates to the buttocks and down the legs with radiation down the left leg to the ankle. He complains of numbness and tingling in the posterior aspect of the left leg which comes and goes. He states that the pain occurs off and on and is increased with attempts at bending, kneeling, and stooping, squatting and lifting activities. He notes increased pain with ascending and descending stairs; sitting longer than 1 hour increase his low back pain; walking longer than 2 hours increases back

pain. He states he has a back brace to wear for the low back pain. On physical examination of the cervical spine there is noted tenderness in the paravertebral muscles and upper trapezius region. He has increased pain on range of motion. The thoracic spine range of motion causes no pain. There is pain with palpation of the subacromial bursa and subdeltoid bursa bilaterally. This is no pain with palpation of the AC joint, coracoid process or bicipital groove. He has positive impingement and Hawkin's test. He ambulates with a normal gait. He has slight tenderness in the lumbar paravertebral muscles with increased pain on range of motion. Straight leg raise to 50 degrees bilaterally notes no pain in the lower back region. A MRI of the left knee dated 2/9/15 concludes "globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear is not entirely excluded. May consider MR Arthrogram for further evaluation if clinically indicated." A MRI of the lumbar spine dated 2/11/15 reveals impression of: Diffuse spondylotic changes; L2-L3 posterior annular tear in the intervertebral disc with accompanying 2mm broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. L3-L4 bilateral neural foraminal narrowing with bilateral exiting nerve root compromise secondary to 1-2mm broad-based posterior disc protrusion; L4-L5 posterior annular tear in the intervertebral disc with accompanying 2-3mm broad-based posterior disc protrusion and facet joint hypertrophy resulting in canal stenosis and bilateral neural foraminal narrowing with bilateral exiting nerve root compromise. The L5-S1 reveals a left neural foraminal narrowing with left exiting nerve root compromise secondary to 2-3mm broad-based posterior disc protrusion and facet joint hypertrophy. A MRI of the left shoulder dated 2/13/15 impression reveals an acromioclavicular osteoarthritis; subchondral cyst formation; supraspinatus and infraspinatus tendinosis and subcapsularis tendinosis. The provider is requesting authorization of acupuncture for the lumbar spine and bilateral shoulders 12 sessions and physical therapy for the lumbar spine and bilateral shoulders 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for lumbar spine and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while there is some support for a trial of acupuncture in the management of chronic pain, the current request exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Physical therapy 2x6 for lumbar spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back and Shoulder Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.