

Case Number:	CM15-0022949		
Date Assigned:	02/12/2015	Date of Injury:	09/06/2012
Decision Date:	04/09/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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 48-year-old female, who sustained an industrial injury on 9/6/2012. The diagnoses have included cervical spine strain with radicular complaints and lumbar spine strain with radicular complaints. Treatment to date has included acupuncture, lumbar and cervical epidural steroid injections (ESI) and physical therapy. According to the primary treating physician's orthopedic reevaluation dated 7/23/2014, the injured worker reported intermittent moderate neck pain with radiation to the arms bilaterally. The injured worker also reported intermittent moderate low back pain with radiation to the legs bilaterally. The injured worker reported that acupuncture was very beneficial to her pain symptoms. Exam of the cervical spine revealed tenderness to palpation about the paracervical and trapezial musculature, muscle spasms and restricted range of motion. Exam of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature, muscle spasms and restricted range of motion. Treatment plan was for the injured worker to undergo authorized acupuncture once a week for six weeks. The injured worker underwent an Agreed Medical Evaluation on 1/7/2015. Current complaints included almost constant discomfort, 3/10 in the right posterior cervical musculature at the base of the neck. A few days a week, she complained of diffuse aching in the right upper arm. The injured worker also complained of constant, diffuse, 4/10 discomfort in her lower back with a constant radiating pain in the right buttock and posterior thigh. On 1/13/2015, Utilization Review (UR) non-certified a request for Six Additional Acupuncture Sessions for low back and neck pain, Lumbar Radiofrequency Ablation and Physical Therapy two to three times a week for six weeks to the lumbar spine. The Medical Treatment Utilization Schedule (MTUS) and

American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 07/23/14 treater report, the patient presents with intermittent moderate neck pain with radiation to the arms bilaterally and intermittent moderate low back pain with radiation to the legs bilaterally. The request is for ACUPUNCTURE FOR 6 SESSIONS. Patient's diagnoses have included cervical spine strain with radicular complaints and lumbar spine strain with radicular complaints. Treatment to date has included acupuncture, lumbar and cervical epidural steroid injections (ESI) and physical therapy. Per treater report dated 07/23/14 treater states, "Patient reports that acupuncture is very beneficial to her pain symptoms." Patient is working with restrictions and has been declared permanent and stationary per AME report, 01/07/15. 9792.24.1. 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)."Requesting progress report and/or RFA has not been provided in this case. Per UR dated 01/13/15, "the number of completed acupuncture therapy visits to date was not documented in the clinical records submitted." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, and reduced dependence on other medical treatments, prior to extending additional treatments. However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. The treater does not discuss acupuncture history to know how many treatments have been provided. A general statement that it has been helpful is inadequate and without knowing how many treatments over what time-period, additional acupuncture cannot be considered. Therefore, the request IS NOT medically necessary.

Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on the 07/23/14 treater report, the patient presents with intermittent moderate neck pain with radiation to the arms bilaterally and intermittent moderate low back pain with radiation to the legs bilaterally. The request is for RADIOFREQUENCY ABLATION. Patient's diagnoses have included cervical spine strain with radicular complaints and lumbar spine strain with radicular complaints. Treatment to date has included acupuncture, lumbar and cervical epidural steroid injections (ESI) and physical therapy. Patient is working with restrictions and has been declared permanent and stationary per AME report, 01/07/15. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered "under study)". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Requesting progress report and/or RFA has not been provided in this case and it is not known what the request is in terms of which/how many levels for RF ablation. Review of the reports do not reference prior RF ablation or whether or not diagnostic DMB blocks have been performed with positive results. The reports show that the patient underwent ESIs, presumably for radicular symptoms. Facet joint evaluations or treatments are not recommended when radicular symptoms are present. The requested RF ablation IS NOT medically necessary.

Physical Therapy 2-3 x 6, to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14) Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 07/23/14 treater report, the patient presents with intermittent moderate neck pain with radiation to the arms bilaterally and intermittent moderate low back pain with radiation to the legs bilaterally. The request is for PHYSICAL THERAPY 2-3X6 TO THE LUMBAR SPINE. Patient's diagnoses have included cervical spine strain with radicular complaints and lumbar spine strain with radicular complaints. Treatment to date has included acupuncture, lumbar and cervical epidural steroid injections (ESI) and physical therapy. Patient is working with restrictions and has been declared permanent and stationary per AME report, 01/07/15. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Requesting progress report and/or RFA has not been provided in this case. There is no rationale as to why therapy is being requested other than for the patient's pain. There is no discussion of therapy history, but review of the reports show that the patient had 12 sessions of therapy in the recent past. It is not known why the patient is unable to transition in to a home exercise program. There is no documentation of new injury, decline in function, or a flare-up requiring formalized therapy intervention. Furthermore, the requested 12 sessions of therapy exceeds what is typically allowed by MTUS for non-post-operative therapy. The request IS NOT medically necessary.