

Case Number:	CM15-0044529		
Date Assigned:	03/16/2015	Date of Injury:	02/20/2009
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 68-year-old male who sustained an industrial injury on February 20, 2009. He has reported pain to the cervical spine and has been diagnosed with cervical myospasm, cervical radiculopathy, and cervical sprain/strain. Treatment has included exercise, physical therapy, chiropractic care, and massage. Currently the injured worker complains of constant moderate dull, achy neck pain radiating to the shoulders and left arm. There was also numbness and tingling weakness in the hand. The treatment request included physical therapy, x-ray of the cervical spine, acupuncture, follow up with thoracic and cardiac surgeons, and follow up with an unspecified specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179.

Decision rationale: Per the MTUS/ACOEM, "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-rays of The Cervical Spine is not medically necessary.

Physical Therapy, Once Weekly, Cervical Spine and Left Shoulder QTY 6.00: Upheld

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

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that he has had physical therapy in the past, however it is not clear how many and it is also not clear if he is continuing a home exercise program. There is also no documentation of subjective and objective functional improvement with physical therapy. Therefore medical necessity cannot be established.

Acupuncture, Once Weekly, Cervical Spine and Left Shoulder QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) / Acupuncture.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments, 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its

popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). Based on the guidelines the request for acupuncture to the cervical spine and left shoulder quantity of 6 exceeds the guideline recommendation for an initial trial of 3-4 visits over 2 weeks and therefore the request is not medically necessary.

Follow-Up with Thoracic and Cardiac Surgeon for Pain Medications and Urine Screen R/O Med Tox, Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: Per the MTUS/ACOEM, follow up visits with mid-level providers and physicians should occur following specific guidelines as described in the MTUS, however from a review of the injured workers medical records that are available to me there is no documentation of subjective or objective evidence of toxicity to any of the medications he is on and the purpose of this request is not clear. Therefore medical necessity cannot be established.

Follow-Up with Unspecified Specialist for Pain Medication and Urine Screen to R/O Med Toxicity, Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Per the MTUS/ACOEM, follow up visits with mid-level providers and physicians should occur following specific guidelines as described in the MTUS, however from a review of the injured workers medical records that are available to me there is no documentation of subjective or objective evidence of toxicity to any of the medications he is on and the purpose of this request is not clear. Therefore medical necessity cannot be established.