

Case Number:	CM15-0064376		
Date Assigned:	04/10/2015	Date of Injury:	07/21/2011
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on July 21, 2011. The injured worker was diagnosed as having lumbosacral and thoracic strain/sprain, lumbosacral radiculopathy, sacroiliac dysfunction, chronic pain and respiratory conditions due to external agents. Treatment and diagnostic studies to date have included chiropractic consult, medication, psychological care, home exercise and magnetic resonance imaging (MRI). A progress note dated March 12, 2015 provides the injured worker complains of head, neck, back and eye pain with respiratory involvement. He rates his pain 9/10 and increased for previous visit. Physical exam notes antalgic gait, thoracic spine tenderness and ankle tenderness. The patient has had severe pain, muscle spasm, hypertonicity, positive SLR, tenderness on palpation, uses quad cane for ambulation, 4/5 strength, decreased sensation in L5 unable to heel or toe walk. The plan includes neurology consultation, acupuncture and brace. The medication list includes Calcium, Buspirone, Wellbutrin, Lyrica, Gabapentin, Furosemide, Omeprazole, Metformin, Sucralfate, Losartan and Ventolin. The patient has had MRI of the cervical spine on 12/3/2012 that revealed disc bulge and, degenerative changes. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient has had history of depression, poor mood and decreased sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 503-524.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Neuro consultation. MTUS Guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured worker was diagnosed as having lumbosacral and thoracic strain/sprain, lumbosacral radiculopathy, sacroiliac dysfunction, chronic pain and respiratory conditions due to external agents. A progress note dated March 12, 2015 provides the injured worker complains of head, neck, back and eye pain with respiratory involvement. He rates his pain 9/10 and increased for previous visit. Physical exam notes antalgic gait, thoracic spine tenderness and ankle tenderness. The patient has had severe pain, muscle spasm, hypertonicity, positive SLR, tenderness on palpation, uses quad cane for ambulation, 4/5 strength, decreased sensation in L5 unable to heel or toe walk. The patient has had MRI of the cervical spine on 12/3/2012 that revealed disc bulge and, degenerative changes. The patient has had history of depression, poor mood and decreased sleep. There are psychosocial factors present including depression. This is a complex case. A Neuro consultation is deemed medically appropriate and necessary.

Aspen brace neck collar: 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), Neck Chapter, Collars.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Aspen brace neck collar. Options: Cervical Disk Displacement with Radiculopathy Short-term immobilization of the cervical spine if severe; Cervical Strain Brief immobilization of the cervical spine if severe; Central Cord Compression: Collar or brace for stabilization until emergent surgery performed; Rest and immobilization: Optional- 1 or 2 days partial bed rest for severe pain (D); Not recommended: Bed rest longer than 1 or 2 days; Cervical collar more than 1 or 2 days. Per the ACOEM guidelines cited below: "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Emphasis should focus on functional restoration and return of patients to activities of normal daily living; Central Cord Compression: Collar or brace for stabilization until emergent surgery performed; Rest and immobilization: Not recommended: Bed rest longer than 1 or 2 days, Cervical collar more than 1 or 2 days." Any functional deficit that would require a soft cervical collar was not specified in the records provided. As per the cited guidelines, the cervical collar is recommended in Central Cord Compression for stabilization until emergent surgery performed and for immobilization Not recommended for more than 1 or 2 days. As per

records provided clinical evaluation findings suggestive of Central Cord Compression were not specified in the records provided. A recent detailed clinical evaluation note of the neck by the treating physician was not specified in the records provided. Response to conservative therapy including PT and pharmacotherapy was not specified in the records provided. The request for Aspen brace neck collar is not medically necessary for this patient.

Acupuncture 2 times a week for 6 weeks to the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2 times a week for 6 weeks to the low back. MTUS Guidelines, Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below: "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. Patient has received an unspecified number of PT and chiropractic visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity, of Acupuncture 2 times a week for 6 weeks to the low back is not fully established. The request is not medically necessary.