

<b>Case Number:</b>	CM15-0073520		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania, Ohio, 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:

This 44 year old female sustained an industrial injury on 10/1/02. She subsequently reported neck and back pain. Diagnoses include cervical degenerative disc disease, post-laminectomy cervical pain and lumbar/ sacral radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy, acupuncture and prescription pain medications. The injured worker continues to experience neck pain that radiates into the hands as well as chronic low back pain. On examination, there is paresthesia symptoms to all digits of each hand, no triggering in the right hand and negative orthopedic testing. Palpatory tenderness was noted at the right biceps tendon anterior notch area of the right proximal humerus. Decreased range of motion in the lumbar spine was noted. A request for X-ray of the cervical spine, A-E TED stockings, gentle home cervical traction, acupuncture and right 8mm heel lift was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 X-rays of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

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

**Decision rationale:** ACOEM recommends cervical spine x-rays if there are red flags or a particular differential diagnosis to support such x-rays. The records do not document such red flag findings, nor do the records document a substantial change in the patient's cervical pain and physical exam since prior such x-rays in 2014. Therefore this request is not medically necessary.

**1 A-E TED stockings, gentle home cervical traction:** 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 and Upper Back (Acute & Chronic), Traction (mechanical); National Clinical Guidelines Centre. Varicose veins in the legs. The diagnosis and management of varicose veins. London (UK): National Institute for Health and Care Excellence; 2013 Jul. 23 p.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Venous Thrombosis.

**Decision rationale:** ODG recommends venous thromboembolism prophylaxis if there is documentation of specific risk factors for thromboembolism; such risk factors are not documented in this case. ACOEM states that there is insufficient evidence to support a benefit from cervical traction for chronic pain. The records do not provide an alternative rationale for either of these requests. Therefore these requests are not medically necessary.

**1 Right 8mm heel lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; 2011 Low Back Disorders, page 333-796.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 370.

**Decision rationale:** ACOEM states that there is not sufficient evidence-based data to support clinical use of a shoe lift. The records do not provide an alternate rationale to support the efficacy of this request. Therefore the request is not medically necessary.

**Acupuncture (unknown sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. Additionally this request does not specify the number of additional acupuncture sessions requested and therefore a guideline cannot be applied. For these multiple reasons, this request is not medically necessary.