MAXIMUS Federal Services

| Case Number: | CM13-0036081 | | |
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| Date Assigned: | 12/13/2013 | Date of Injury: | 10/11/2002 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 50 year old female who reported an injury on 10/11/2012. The mechanism of injury was stated to be the patient tripped over a mail bin that was on the floor. Objectively, the patient was noted to have a well-healed surgical incision anteriorly. The patient was noted to have tenderness in the posterior cervical and bilateral trapezius musculature. Forward flexion was noted to be within 1 finger breadth of chin to chest, extension was to 20 degrees, and lateral rotation was to 70 degrees bilaterally. The patient's diagnoses were noted to include status post anterior cervical discectomy and fusion, chronic pain syndrome, and right shoulder tendinitis. The request was made for acupuncture for the cervical spine 2 times a week for 6 weeks and for a cervical traction unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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

**Decision rationale:** California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to provide the necessity for 12 visits as it is noted per California MTUS Guidelines the time to produce functional improvement is 3 to 6 treatments. Additionally, acupuncture is to be used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Given the above and the lack of documentation, the request for 12 acupuncture sessions for the cervical spine is not medically necessary

**1 supine cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, and Traction.

**Decision rationale:** Official Disability Guidelines recommend a home cervical patient-controlled traction unit using a seated over the door device or supine device which may be preferred due to greater forces for the patient with radicular symptoms in conjunction with a home exercise program. The patient had complaints of neck pain that radiated to the upper extremities. The patient was noted to have arm pain that was right greater than left. The clinical documentation submitted for review failed to provide documentation the patient would be using the device in conjunction with a home exercise program. There was a lack of documentation of objective findings upon physical examination to support the necessity. There was lack of documentation indicating whether the unit was for rental or purchase and the duration of care. Given the above and the lack of documentation, the request for 1 supine cervical traction unit is not medically necessary.