

Case Number:	CM13-0067391		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2013
Decision Date:	03/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 54 year old female with a 1/28/13 date of injury. At the time of request for authorization for MRI of the cervical and thoracic spine without contrast and acupuncture for the cervical spine (8 sessions), there is documentation of subjective (neck pain, upper back pain, and top of shoulder pain that radiates to bilateral upper extremities to all five fingers and) and objective (moderate tenderness and slight to moderate hypertonic muscle of cervical spine, upper thoracic spine, and bilateral upper trapezius; and decreased range of motion in the cervical spine) findings, current diagnoses (cervical sprain and strain, lumbosacral strain and sprain, cervical degenerative disc disease, and lumbar degenerative disc disease), and treatment to date (acupuncture treatments, activity modification, and medications). 11/6/13 medical report indicates that the patient has 8 more visits left of acupuncture to be completed. 11/4/13 medical report indicates that the patient has had 12 acupuncture treatments completed to date. There is no documentation of objective improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and thoracic spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Lumbar & Thoracic, Magnetic Resonance Imaging (MRI)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a cervical MRI is indicated [such as: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit], as criteria necessary to support the medical necessity of MRI of the cervical spine. In addition, ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a Thoracic MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a thoracic spine MRI. Within the medical information available for review, there is documentation of diagnoses of cervical sprain and strain, lumbosacral strain and sprain, cervical degenerative disc disease, and lumbar degenerative disc disease. In addition, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a cervical MRI is indicated. Furthermore, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a Thoracic MRI is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical and thoracic spine without contrast is not medically necessary.

Acupuncture for the cervical spine (8 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 identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for

review, there is documentation of diagnoses of cervical sprain and strain, lumbosacral strain and sprain, cervical degenerative disc disease, and lumbar degenerative disc disease. In addition, there is documentation of 12 sessions of acupuncture completed to date. However, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for acupuncture for the cervical spine is not medically necessary.