

Case Number:	CM14-0005375		
Date Assigned:	02/05/2014	Date of Injury:	05/07/2007
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Chiropractic has a subspecialty in Acupuncturist 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 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/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 reported a date of injury of 5/7/2007. The mechanism of injury is unknown. MRI of the cervical spine (5/21/2008) demonstrated reversal of lordosis; 2mm anterolisthesis and bulge in the annulus at C4-C5; and disc space degenerated, there is a 2-3mm retrolisthesis with bridging osteophyte, right lateral spondylosis and hypertrophic change of the right uncovertebral joint, and moderate attenuation of the left C6 foramen due to hypertrophic change of the left uncovertebral joint at C5-C6. A 1/18/2013 report [REDACTED] indicated diagnoses of lumbar radiculopathy, cervical radiculopathy, and chronic pain (other). A 1/31/2013 examination [REDACTED] revealed tenderness at the cervical paravertebral muscle and upper trapezius muscles with spasms; axial loading compression and Spurling's maneuver are positive; painful and restricted cervical range of motion; and dysesthesia at C5 to C7 dermatomes. The patient had cervical spine surgery on 9/20/2013 [REDACTED]. Postoperative diagnoses were C4-C7 multilevel cervical spondylosis with kyphotic deformity/instability; progressive neurologic deficit bilateral upper extremities; and severe reactive epidural fibrosis. Most recent progress report [REDACTED] 1/17/2014) revealed acute flare-ups with some increasing pain in the cervical spine and cervical spine paravertebral muscle tension with no radiculopathy in the upper extremities. Diagnosis of the cervical spine was status posterior C4 to C7 hybrid cervical reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 4 VISITS CERVICAL SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture visits for the cervical spine, the Acupuncture Medical Treatment Guidelines indicate the reason for this treatment is the presence of pain. Further, the guidelines recommend the time to produce functional improvement is 3 to 6 treatments; 1 to 3 times per week; up to 1 to 2 months; and may be extended if functional improvement is documented. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Per most recent progress report [REDACTED] 1/17/2014), the patient had acute flare-ups with some increasing pain in the cervical spine and cervical spine paravertebral muscle tension with no radiculopathy in the upper extremities. Starting a trial of 4 acupuncture treatment is warranted. Therefore, the request for 4 acupuncture visits cervical spine is medically necessary and appropriate.