

Case Number:	CM14-0108482		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2014
Decision Date:	09/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured from 9/1/2012 to 3/25/2014. She was diagnosed with neck sprain and strain, post-traumatic headache, trigeminal neuralgia, shoulder sprain/strain with impingement syndrome, brachial neuritis/radiculitis, and depression. She also has a diagnosis of sleep apnea, for which she uses CPAP or BiPAP. She was treated with physical therapy, pain medications, and chiropractor visits. She was seen on 5/9/14 by her chiropractor (primary treating provider) for a follow-up. She complained of constant right-sided headache and intermittent mild to moderate neck pain as well as right shoulder intermittent moderate pain radiating to arm. Physical examination revealed decreased range of motion of cervical spine, tenderness to cervical paraspinal muscles as well as spasm, and impingement test was positive on the right shoulder. She was recommended to continue physical therapy, begin acupuncture, follow-up with her medical physician to discuss pain medications, and use a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. An extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it is unclear if she had already trialed acupuncture, but there was no evidence of this in the documents provided for review. Considering this may be her first time using this modality, it is more reasonable to request 3-6 treatments rather than 12, with the possibility of more being approved as long as the worker exhibited functional and pain-relief benefits. Therefore, the 12 sessions of acupuncture is not medically necessary.

FOLLOW UP VISIT W/MEDICAL DOCTOR FOR MEDICATIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 6, PAGE 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, her primary provider is not reviewing or prescribing medications and it is reasonable to have a secondary physician who can prescribe medications (if needed) to be at least reviewing all of her medications that she is taking, which is not clear based on the documents provided for review. Seeing a medical doctor for this purpose, whether or not pain medications are prescribed or not, is warranted here and medically necessary.