

Case Number:	CM14-0109818		
Date Assigned:	09/16/2014	Date of Injury:	09/17/2012
Decision Date:	12/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 41-year-old female who reported an injury on 09/17/2012. The mechanism of injury was not provided. The injured worker diagnoses included lumbago and cervicgia. Past medical treatment included medications and physical therapy. There was no pertinent surgical history provided. The injured worker had an MRI done on 10/27/2014. The injured worker complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting forward, reaching, and working at or above the shoulder level, stated in the clinical note dated 11/19/2014. The pain was rated a 7/10. The injured worker also stated to have constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was characterized as sharp. There was radiation of pain into the lower extremities. The pain was rated a 7/10 on the pain scale for the low back. The physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted, and Spurling's maneuver was positive. The injured worker had a range of motion limited with pain. The sensation and strength revealed there was tingling and numbness into the anterolateral shoulder and arm, as well as lateral forearm and hand, correlating with a C5 and C6 dermatomal pattern. The physical examination of the lumbar spine revealed there was palpable paravertebral muscle tenderness with spasm. The seated nerve root test was positive. The range of motion was standing flexion and extension were guarded and restricted. The medications were not provided. The treatment plan was for acupuncture of the cervical spine #8 and acupuncture of the lumbar spine #8. The rationale for the request was not provided. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture is not medically necessary. The injured worker complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting forward, reaching, and working at or above the shoulder level, stated in the clinical note dated 11/19/2014. The California (MTUS) guidelines recommend up to 3-6 initial sessions of acupuncture for injured workers 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. There is a lack of documentation that medications have not been tolerated. In addition, the request for 8 sessions would exceed the guideline recommendations for initial duration of care. As such, the request is not medically necessary.

Acupuncture for the lumbar spine #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture is not medically necessary. The injured worker also stated to have constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The California (MTUS) guidelines recommend up to 3-6 initial sessions of acupuncture for injured workers 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.