

Case Number:	CM14-0128675		
Date Assigned:	08/18/2014	Date of Injury:	10/09/2013
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old female who reported an injury to her neck and shoulders. The utilization review dated 08/06/14 resulted in a partial certification for vestibular rehabilitation evaluation, a total of 6 sessions of acupuncture treatments for the cervical spine, as well as a non-certification for an MRI of the cervical spine. The clinical note dated 08/26/14 indicates the injured worker complaining of upper extremity pain. The note indicates the injured worker having significant functional deficits at the upper extremities to include strength deficits and an inability to perform essentially all activities of daily living. The clinical note dated 05/05/14 indicates the injured worker complaining of severe headaches as well as neck and shoulder pain. The injured worker also reported dizziness and blurred vision. The note indicates the injured worker having undergone acupuncture treatments which had provided some benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 x 6 visits to cervical spine and shoulders.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates the injured worker having previously been approved for 6 acupuncture treatments at the neck and shoulders. Additional acupuncture would be indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming the injured worker's positive response to the previously rendered acupuncture. Therefore, this request is not indicated as medically necessary.

MRI to cervical 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): 177-178.

Decision rationale: An MRI is indicated in the cervical spine provided the injured worker meets specific criteria to include completion of all conservative treatments and the injured worker has been identified as having significant functional deficits as well as neurologic findings consistent with the cervical region. No information was submitted regarding the injured worker's functional deficits identified at the cervical region. Additionally, no information was submitted confirming the injured worker's neurologic deficits. Given these factors, the request is not indicated as medically necessary.

Referral to Vestibular Rehabilitation/ENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: It appears from the previous review that the injured worker had been approved for a referral to vestibular rehabilitation. However, no documentation was submitted confirming the injured worker's significant findings indicating the need for vestibular rehabilitation. Given this, the request is not indicated as medically necessary.