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| Case Number: | CM14-0139139 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 07/18/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old gentleman was reportedly injured on July 18, 2012. The mechanism of injury was noted as an assault. The most recent progress note, dated September 4, 2014, indicated that there were ongoing complaints of neck pain, upper back pain, and bilateral shoulder pain. Current medications were stated to be helpful. Current medications include Menthoderm gel, naproxen, pantoprazole, and Percocet. The physical examination demonstrated decreased cervical spine range of motion. Examination of the left shoulder revealed forward motion with pain at full flexion and full abduction. There was decreased left shoulder muscle strength rated at 4/5 and decreased sensation over the medial aspect of the right forearm and the lateral aspect of the left forearm. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an anterior cervical fusion, physical therapy, and acupuncture. A request had been made for physical therapy and acupuncture for the cervical spine and was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO CERVICAL SPINE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acupuncture, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the practice of acupuncture is not recommended for the cervical spine. It is stated, that despite increasing popularity, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. As such, this request for acupuncture for the cervical spine is not medically necessary.

PHYSICAL THERAPY TO CERVICAL SPINE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PHYSICAL THERAPY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the attached medical record, the injured employee has previously participated in physical therapy for the cervical spine. However, there is no objective documentation of improved function and decreased pain with this prior treatment. As such, this request for physical therapy for the cervical spine is not medically necessary.