

Case Number:	CM14-0184079		
Date Assigned:	11/10/2014	Date of Injury:	08/26/2013
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

This is a 61-year old female patient with a date of injury on 8/26/2013. The mechanism of injury occurred as a result of repetitive and frequent pushing, pulling, lifting, and carrying. In a progress note dated 10/1/2014, the patient complained of right neck and shoulder pain. The pain was classified as achy, and the intensity was moderate. Objective findings: tenderness of bilateral cervical paraspinals, positive Spurling's test on right during cervical/thoracic exam, and positive supraspinatus on the shoulder exam. The diagnostic impression showed neck sprain/strain, right shoulder sprain/strain with rotator cuff tear, and cervical radiculopathy. Treatment to date: medication management, behavioral modification, acupuncture, physical therapy, surgery. A UR decision dated 10/8/2014 denied the request for magnetic resonance imaging (MRI) of the neck, and Acupuncture x6 for the neck and right shoulder. Regarding MRI of the neck, the rationale provided regarding the denial was that the claimant had chronic neck pain without evidence of radiculitis or radiculopathy by way of symptoms or physical examination. The claimant had a positive signal Spurling's test on the right side as the only finding, and the rest of the examination was normal. Regarding Acupuncture times six for neck and right shoulder, the rationale provided regarding the denial was that the claimant had extensive acupuncture treatments for neck and shoulder. However, there was no documentation of any significant subjective or objective improvement to warrant continued acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-MRI

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, in a 10/1/2014 progress report, there were no clear objective findings of radiculopathy. Neurologically, the patient showed normal motor strength, sensation, and reflexes. Although a positive Spurling's test was found on the right side of the cervical spine, the remaining examination did not show any definitive deficits. Therefore, the request for MRI of the neck was not medically necessary.

Acupuncture x 6 for the neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Pain, Suffering, and the Restoration of Function Chapter page 114

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (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), for a total of 24 visits. However, in this case, the patient had completed at least 14 previous acupuncture visits without documentation of subjective and objective improvements. It was unclear what benefit additional acupuncture visits would provide. Therefore, the request for Acupuncture times six for the neck and right shoulder was not medically necessary.