

Case Number:	CM14-0024944		
Date Assigned:	06/11/2014	Date of Injury:	01/09/1988
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62 year old male with a work injury dated 1/9/88. The diagnoses include cervicgia, abnormal involuntary movements. Per documentation the patient suffering from progressive movement disorder along with his neck pain. He responded well with acupuncture for the low back pain and 6 sessions of acupuncture for his neck last year - now has flare ups of cervical spine with limited ROM. Goal is to avoid interventional procedures. Under consideration is a request for acupuncture 2 x 6 to the cervical spine. A 7/24/13 office visit states that he completed 18 sessions of acupuncture and feels he was improving. His jerking movements slowed down and started to be more active. He continues to take Soma TID. He would like to increase Soma to x4 per day. He feels more joint pain over all and unable to tolerate Naproxen due to stomach upset or chalky feeling in the mouth. The pain radiates from the neck throughout the spine. He continues to take 3-4 Vicodin (prescribed by the other doctor) per day and smoking marijuana for the pain. The treatment plan states there will be a request for more sessions of acupuncture as it seems to improve his neurological symptoms and functionality. The plan also includes starting Diclofenac. The document states that the patient is not working. A 2/3/14 PR-2: Periodic Office Visit states that the patient complains that 3 times daily Soma is not helping him - he feels muscle spasms more and feels the knots. This has gotten worse as he is not getting acupuncture treatments. His neck pain is flaring up. His pain is 6-7/10 mostly and jerking gets worse. With activity it worsens. With pain medication the pain comes down to 2-3/10. He is taking Soma three times a day, He takes only when he was at home. Hydrocodone-acetaminophen 1-2 per day PRN pain - his PCP is giving the medication, Celebrex one a day and Omeprazole when he takes Celebrex. Smokes Marijuana QD. He completed 18 sessions of acupuncture. No word on IMR application for denial of Acupuncture. examination is

unchanged from the previous visit. On exam he is well nourished and well developed. He appears to be calm and jerky movements on and off. He does not show signs of intoxication or withdrawal. No pain behaviors were observed. He has slowed, unsteady, and stooped gait assisted by a cane. When he sits, he is slumped and he is unable to sit erect, leaning. When he stands, he stoops and he is unable to stand erect. There are multiple episodes of what appear voluntary and involuntary jerking movements of the torso, face, and extremities. Less frequent than during previous visits. He uses cane to walk. There is no cervical lordosis, asymmetry or abnormal curvature noted on inspection of the cervical spine. Range of motion is restricted with flexion limited to degrees due to pain, extension limited to degrees stiffness with pain, right lateral bending limited to degrees due to pain, left lateral bending limited to degrees due to pain, lateral rotation to the left limited to degrees due to pain and lateral rotation to the right limited to degrees due to pain. On examination of paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver, on both the left and right sides, causes pain in the muscles of the neck but no radicular symptoms. He had more jerky movements while checking his reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES SIX TO THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture two times six to the cervical spine is not medically necessary. The documentation indicated that the patient had 6 acupuncture sessions for his neck and there is a request for additional acupuncture as it seems to improve his neurological symptoms and functionality. The documentation submitted reveals that upon acupuncture completion of 6 visits for the cervical spine a 2/3/14 PR-2: Periodic Office Visit states that the patient complains that his neck pain is increasing and he wishes to increase his Soma. The documentation does not reveal evidence of functional improvement as defined by the MTUS or sustained improvement in analgesia. Without this improvement additional acupuncture would be necessary. The request for acupuncture two times six to the cervical spine is not medically necessary.