

Case Number:	CM14-0032308		
Date Assigned:	09/29/2014	Date of Injury:	02/20/2007
Decision Date:	11/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old male who reported an injury on 02/20/2007. The mechanism of injury involved an electrical burn. The current diagnoses include status post electrical burn to the left hand with post burn syndrome, myoligamentous strain of the cervical spine, and myoligamentous strain of the lumbar spine. Previous conservative treatment includes acupuncture. The injured worker was evaluated on 01/28/2014 with complaints of ongoing pain in the neck with radiation into the bilateral upper extremities. The current medication regimen includes Motrin, tramadol, Vicodin, and Norco. Physical examination revealed limited cervical range of motion, tenderness and spasm in the paracentral spine musculature, 1+ deep tendon reflexes in the upper extremities with limited range of motion of the lumbar spine, and tenderness to palpation at L3-S1 along with spasm bilaterally. Treatment recommendations included and MRI of the lumbar and cervical spine, continuation of the current medication regimen, and a trial of acupuncture. A Request for Authorization form was then submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UMO-6: MRI OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There is no documentation of an exhaustion of conservative treatment to include physical modalities and medication management prior to the request for an MRI. The injured worker's physical examination only revealed slightly limited range of motion of the cervical spine with tenderness to palpation. There was no documentation of any red flags for serious spinal pathology. There was no evidence of tissue insult or neurologic dysfunction. Based on the clinical information received, the request is not medically necessary at this time.

MRI OF LUMBAR SPINE ;: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7, Page 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. There is no documentation of an exhaustion of conservative treatment to include physical modalities and medication management prior to the request for an imaging study. There is no evidence of the emergence of any red flags for serious spinal pathology. The injured worker's physical examination only revealed tenderness to palpation with slightly limited lumbar range of motion. There was no documentation of a significant neurological deficit. The medical necessity has not been established. As such, the request is not medically appropriate at this time.

UMO-7: TRIAL OF ACUPUNCTURE TO CERVICAL 2-3 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for acupuncture 2 to 3 times per week for 4 weeks exceeds guideline recommendations. There is also no documentation of objective functional improvement following the initial course of acupuncture treatment. As such, the request is not medically appropriate at this time.

ACUPUNCTURE TO LUMBAR SPINE 2-3 X 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for acupuncture 2 to 3 times per week for 4 weeks exceeds guideline recommendations. There is also no documentation of objective functional improvement following the initial course of acupuncture treatment. As such, the request is not medically appropriate at this time.