MAXIMUS Federal Services

Case Number:	CM14-0035577		
Date Assigned:	06/23/2014	Date of Injury:	06/28/2000
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, neck pain, foot pain, and shoulder pain reportedly associated with an industrial injury of June 28, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; multiple lumbar spine surgeries; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for eight sessions of acupuncture. The claims administrator stated that the attending provider was not seeking acupuncture as an adjunct to physical rehabilitation or surgical intervention or as an option when pain medications were not tolerated. The claims administrator did not state whether or not the applicant had had prior acupuncture. An ankle foot orthosis was approved. An updated MRI of the cervical spine was likewise denied. The claims administrator did not incorporate cited guidelines on the cervical MRI denial into its rationale. In a February 7, 2014 progress note, the applicant presented with persistent neck pain radiating to the bilateral hands and bilateral shoulders. The applicant stated that she was tripping owing to numbness about her right foot. The applicant exhibited limited cervical range of motion with muscle spasms and positive Tinel and Phalen signs about the left wrist with some weakness in grip strength. The applicant was described as having neck pain with radicular complaints. An eight-session course of acupuncture was endorsed. Tramadol and Flexeril were refilled. It was not clearly stated whether or not the applicant had had prior acupuncture or not. The applicant's requesting provider was a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The eight-session course of acupuncture, in and of itself, represents treatment in excess of the three- to six-session course deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. In this case, the attending provider did not furnish any compelling rationale, narrative, or commentary which would support treatment in excess of MTUS parameters, nor did the attending provider state whether or not this request was the first-time request or a renewal request. Therefore, the request is not medically necessary.

MRI Updated C/S: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Indications for imaging, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-2, page 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-2, page 182, cervical MRI imaging is "recommended" to validate diagnosis of nerve root compromise based on clinical history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does seemingly have worsening cervical radicular complaints with associated weakness in grip strength about the left hand. Obtaining MRI imaging to delineate the extent of the applicant's cervical radiculopathy prior to pursuit of an invasive procedure is indicated. Therefore, the request is medically necessary.