

Case Number:	CM14-0036096		
Date Assigned:	06/23/2014	Date of Injury:	08/10/2000
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
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 Geriatrics and is licensed to practice in New York. 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 58 year old woman with a date of injury of 8/10/00. She was seen by her provider on 1/24/14 to follow up her spraining injury to her neck, thoracic and lumbar spine. She was said to have significant weakness and had falls but none since 2012. She was not using a cane for ambulation during the visit and she had a flare up of her pain after helping her son do the laundry. Her most vigorous activity in the prior two weeks was walking. She was said to have benefited from acupuncture in the past and was motivated to try it again but the dates of prior therapy are not included in the note. Her physical exam showed tenderness in her cervical paravertebrals and lumbar spine. Her hand grip was 4+/5 bilaterally. She was able to get up from a chair by rocking and she was not able to lift her right thigh against gravity. Her patellar reflexes were 3+ with delayed jerking into her torso and lower extremities and reported as an occasional finding. Her diagnoses included cervical sprain with myelopathy status post fusion, lumbar strai, left upper extremity radiculoaptahy and left shoulder sprain. At issue in this review is a request for acupuncture and for orthopedic follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions to the cervical, thoracic, and lumbar spine, 1-2 times per week over 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages, 4, 8-9. Page(s): 4, 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 6 acupuncture sessions to the cervical, thoracic, and lumbar spine, 1-2 times per week over 6 weeks. It does not appear that the acupuncture is being used as an adjunct and additionally, she has had acupuncture in the past and the timing is not known and functional improvement may not occur again.

Orthopedic referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194 and 287-328.

Decision rationale: This injured worker was denied a request for an orthopedic evaluation Her physical exam reveals impaired right thigh strength, minimal sensory changes and hyperreflexia in her patellar tendons reflexes. There are no red flag symptoms or signs that would be indications for immediate referral and she is already status post cervical fusion surgery. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of an orthopedic evaluation.