

Case Number:	CM14-0045185		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2012
Decision Date:	09/16/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 underlying date of injury in this case is 11/14/2012. The patient's diagnoses include a cervical sprain and multiple disc bulges/protrusions. A PR-2 report from the treating orthopedist of 12/18/2013 contains somewhat limited clinical information. It appears to discuss neck spasm with tingling sensation of the cervical spine and bilateral hand weakness and dropping of objects. Overall, the presentation is that of chronic radicular cervical pain which had been treated extensively previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 x 4 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends allowing for fading of treatment frequency and transition to an independent home rehabilitation

program. The guidelines anticipate such a home rehabilitation program in the current chronic situation. The medical records do not document a fundamental change in the patient's clinical status or another rationale for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Acupuncture sessions, 2 x 6 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: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, Section 24.1, page 8 states that acupuncture is an option to hasten functional recovery. This guideline recommends up to 6 initial acupuncture visits. This request is an initial acupuncture request. The treatment guidelines would support up to 6 initial acupuncture visits. However, the current request exceeds those guidelines without a rationale for such an exception therefore, this request is not medically necessary.