

Case Number:	CM14-0061155		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2009
Decision Date:	09/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old male who sustained an injury to his neck on 11/13/09 while performing his usual and customary duties as a trolley driver. He stated that he was attempting to attach the trolley lines with a pole and was jerked upwards. The injured worker presented to the occupational medical department, was examined, given pain pills, and taken off work. He was subsequently seen by a chiropractor who treated him with massage, acupuncture, and spinal manipulation. As a result of treatment, he was able to go back to work in January of 2010, was on modified work initially and then got his old job back. A progress report dated 04/02/14 noted that the injured worker continued to complain of neck and bilateral shoulder pain at 6-8/10 VAS. The injured worker stated that his neck is locked up and his movement is severely restricted. Physical examination noted limited, painful cervical flexion at 30 degrees, extension 30 degrees, rotation 60 degrees bilaterally, lateral flexion 15 degrees; moderate to severe myospasms along the scalenes, levator, and trapezius with moderate tenderness along the mid-cervical facet joint. Positive maximal compression test bilaterally. There was no imaging study provided for review; however, MRI of the cervical spine reportedly revealed a 3mm disc protrusion and C4-5 facet arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment, 2 times weekly for 3 weeks, 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 previous request was denied on the basis that the records did not document any functional benefit from past acupuncture treatment to support the request for additional acupuncture. This is consistent with CAMTUS guidelines; therefore, the request for acupuncture treatment was not indicated as medically appropriate. The CAMTUS recommends an initial trial of 3-6 treatments to produce effect. Acupuncture treatments may be extended if functional improvement is documented at a frequency of 1-3 x per week for up to 1-2 months. The records indicate that the injured worker has been approved for at least 10 acupuncture treatment visits to date. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request for Acupuncture Treatment, 2 x weekly for 3 weeks for the Cervical Spine is not medically necessary.