

Case Number:	CM14-0085967		
Date Assigned:	07/23/2014	Date of Injury:	08/22/2011
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 injured worker is a 34 year old female whose date of injury is 08/22/2011. The mechanism of injury is not documented. Treatment to date includes; multiple epidural steroid injections in 2012, acupuncture treatment in 2011 and 2012. Progress report dated 04/18/14 indicates, that the injured worker underwent Botox injections for chronic migraine headaches. Trigger point injections for the cervical spine were helpful, though she complains of increased low back pain. On the physical examination gait is antalgic. She ambulates with a limp. Achilles reflex is 1+ on the right. The sensation was decreased in the right L5 dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for Neck/Thoracic/Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 x 4 for neck/thoracic/lumbar is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior acupuncture visits; however, the number of sessions completed to date is not documented. Additionally, there are no objective measures of

improvement provided to establish efficacy of treatment and support additional acupuncture sessions. There are no specific, time-limited treatment goals provided. Therefore, the request is not in accordance with CAMTUS Acupuncture Guidelines, and medical necessity is not established.

Second opinion on Consult/Treat Neurosurgeon for Cervical/Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for second opinion on consult/treat neurosurgeon for cervical/lumbar is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. The submitted records fail to provide documentation of any red flags or new symptoms. Therefore, the request is not in accordance with ACOEM guidelines, and not medically necessary.