

Case Number:	CM14-0092555		
Date Assigned:	07/25/2014	Date of Injury:	12/11/2012
Decision Date:	10/01/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 neck pain reportedly associated with an industrial injury of December 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 21, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy, denied a request for 12 sessions of acupuncture, denied a request for a KERA-TEK Gel, and denied a request for a flurbiprofen - cyclobenzaprine - menthol cream. The claims administrator seemingly based his denial of chiropractic manipulative therapy and acupuncture on the grounds that the applicant had reportedly returned to regular duty work and did not have any residual deficits which warranted further treatment. The applicant's attorney subsequently appealed. In a May 1, 2014, progress note, the applicant reported persistent complaints of neck and shoulder pain, 5-6/10. The applicant had attended physical therapy, which was reportedly beneficial. Tenderness over the cervical paraspinal musculature was appreciated with slightly diminished left shoulder range of motion also noted. 5/5 bilateral upper extremity strength was appreciated. Twelve sessions of chiropractic manipulative therapy, 12 sessions of acupuncture, and topical compounded drugs were endorsed while the applicant was returned to regular duty work. In a later note dated July 17, 2014, the applicant was described as having completed 8 sessions of chiropractic manipulative therapy. 4/10 pain was reported. Twelve sessions of manipulative therapy and massage therapy were sought, while the applicant was reportedly returned to regular duty work. On March 31, 2014, the attending provider suggested that portions of the applicant's claim, including the body parts at issue, were apparently being contested by the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine acupuncture treatment, 12 visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question appears to represent a first-time request for acupuncture. However, as noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "3 to 6 treatments." The request, as written, thus, represents treatment at a rate two to four times MTUS parameters. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.