MAXIMUS Federal Services

Case Number:	CM14-0146924		
Date Assigned:	02/09/2015	Date of Injury:	11/05/2012
Decision Date:	04/23/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 11/05/2012, while employed as an office manager. The diagnoses have included cervicalgia, headache, and post concussion syndrome. Treatment to date has included conservative measures. A magnetic resonance imaging of the cervical spine, from 11/27/2012, was referenced as showing degenerative changes with disc space narrowing and bony spurring, primarily at C6-C7. Currently, the injured worker complains of head and neck pain, rated as an average of 8/10. She denied any changes from the previous month. It was documented that she was not taking pain medication at the time. Physical exam noted tenderness to palpation over the occiput and bilateral cervical paraspinal muscles. Range of motion was restricted in the cervical spine. The injured worker requested another magnetic resonance imaging of her neck and brain due to symptoms not improving. Additional acupuncture treatments were requested for neck pain and headaches. The medical records indicate that 6 acupuncture visits were completed on 1/15/13. On 8/28/2014, Utilization Review (UR) non-certified a request for magnetic resonance imaging of the cervical spine, noting the lack of compliance with MTUS Guidelines, ACOEM, and Official Disability Guidelines. The UR non-certified a request for 12 acupuncture sessions, citing MTUS Acupuncture Medical Treatment Guidelines. The UR non-certified a request for P&S (permanent and stationary) status, as this is a medical legal issue and not a medical issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. The request for MRI of the cervical spine is not medically necessary.

Twelve acupuncture visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The medical records indicate that 6 acupuncture visits were completed on 1/15/13. The medical records do not establish significant objective functional improvement from the past acupuncture visits to support additional treatment. The request for twelve acupuncture visits is not medically necessary.