

Case Number:	CM14-0198191		
Date Assigned:	12/30/2014	Date of Injury:	10/25/2013
Decision Date:	02/25/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/25/2014

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: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male with a work injury dated 10/25/2013. The mechanism of injury is documented as a vehicle accident while working. The injured worker (IW) did not experience symptoms at the time of the accident and did not seek treatment. A few days later he was evaluated and received muscle relaxants and Tylenol. From there he presented to an Emergency Department where x-rays and MRI of his cervical spine revealed a fracture in two vertebrae. He was immediately transported to another facility where he had cervical spine fusion at cervical 5 - cervical 6 on 11/02/2013. He was cleared to return to work and had been working since April or May 2014. At presentation on 08/04/2014 the IW was complaining of pain and stiffness at the base of the neck and shoulders. Physical exam revealed decreased range of motion of cervical spine with normal motor exam. X-rays of the cervical spine (as documented by the provider) revealed hardware in good position at cervical 5-6 and solid fusion at cervical 5-6 with mild disc space narrowing with posterior spur formation at cervical 4-5 and cervical 6-7. The provider recommended physical therapy, anti-inflammatories and muscle relaxers as well as Omeprazole to help protect his stomach while on anti-inflammatories. Work status was limited to no bending, stooping, flexion or extension of the cervical spine with maximum lifting of 30 pounds. Follow up visit on 09/17/2014 documented fairly significant and intractable neck pain with intact neuro status. The IW had completed a single session of physical therapy. Acupuncture was requested as the IW had some acupuncture in the past which was "remarkably beneficial". Pain medication was also ordered. Diagnosis was cervical sprain/strain status post ACDF C5-C6. The IW reported he had a neck injury 2 years prior (when he was electrocuted)

resulting in four bulging discs in his cervical spine. MRI report dated 10/27/2014 (after the request for acupuncture) is documented by the provider as showing adjacent level disc space narrowing C4-C5, C6-C7 with 3-4 mm circumferential disc bulging at C4-C5 and C6-C7. Per a Pr-2 dated 10/29/2014, the claimant has been in acupuncture which had afforded him relief at least as relates to his lower back and left shoulder. Work status remains unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions (cervical): 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: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had relief of some pain. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, the request is not medically necessary.