

Case Number:	CM14-0199461		
Date Assigned:	12/09/2014	Date of Injury:	10/10/2011
Decision Date:	02/19/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/30/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 10/10/2011. The date of the initial utilization review under appeal is 11/07/2014. The patient's diagnoses include cervical disc displacement and tension headache. A treating physician note of 07/12/2014 indicates the patient presented for reevaluation of neck and shoulder pain and headaches. The patient was noted to have a normal gait with mild limitation of cervical range of motion due to pain and with tenderness over the occipital foramen and cervical paraspinal muscles over the facet joints. The patient's diagnoses included cervical disc degeneration and cervical disc displacement as well as tension headache. The patient was encouraged to continue home exercises and to increase his walking distance. He was also prescribed cyclobenzaprine and zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines recommends continuation of acupuncture only if there is specific documentation of functional improvement as defined in the Medical Treatment Utilization Schedule. The medical records do not document such functional improvement from past acupuncture treatment. This request is not medically necessary.

Additional physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent home rehabilitation program. The records at this time do not provide a rationale for additional supervised rather than independent home rehabilitation. This request is not medically necessary.