

Case Number:	CM14-0202469		
Date Assigned:	12/15/2014	Date of Injury:	04/15/2014
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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:

The injured worker is a 36-year-old male who reported on 04/15/2014 an injury to his neck and head when a sink fell onto his back. Treatment included X-ray of the cervical spine, MRI, physical therapy, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities (results pending), and chiropractic treatments. Diagnosis includes cervical radiculopathy, and cervical sprain/strain. Also note the injured worker was in a motor vehicle accident on 08/22/2014 which aggravated his neck condition as stated in the treating physician's note dated 08/27/2014. There was not significant discomfort posterior right side of neck on cervical. He also complained of radiating pain from the neck down to the arm. Treatment included pain medication (Medrol dose pak 4mg, and Tramadol 50mg as needed), and to apply ice/moist heat to the neck and to perform range of motion exercises. The treating physician's examination note dated 10/30/2014 states the injured worker complained of intermittent moderate sharp neck pain and stiffness radiating to the right upper extremities with numbness and tingling. There was noted tenderness to palpation of the bilateral upper trapezii and cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. In addition, he reported pain bilaterally with shoulder depression. Treatment plan consisted of certified massage therapy (CMP), physical therapy (PT), and acupuncture 1-2 times a week to increase range of motion and decrease pain/spasm in the neck. The Utilization Review dated 11/14/2014 denied the request for acupuncture 2 times a week for 4 weeks for the neck because there was no report of the injured workers past medical history of care submitted from 07/09/2013 to support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment Guidelines acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Provider requested additional 2x4 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. According to the California MTUS Guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Therefore, the request is not medically necessary.