

<b>Case Number:</b>	CM15-0001317		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female patient, who sustained an industrial injury on 05/02/2014. A PR2 dated 06/16/2014 reported the patient doing well overall and stated having had fewer headaches, no blurry vision, no nausea or vomiting. Objective findings showed normal cranial nerve examination II through XII and with normal gait. She is noted with mild tenderness in the paracervical and paralumbar regions. She is noted with full range of motion of the cervical spine. she is diagnosed with head contusion with postconcussion syndrome and cervical strain. The plan of care involved continuing with physical therapy as prescribed. She was also prescribed to returning to modified work duties and follow up in 2 weeks. On 12/26/2014 Utilization Review non-certified a MRI of cervical spine and acupuncture 12 sessions treating the cervical spine, noting the CA MTUS, and ACOEM guidelines acupuncture were cited. The injured worker submitted an application for IMR for review of the requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Acupuncture for the Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with headaches and cervical pain. The current request is for 12 sessions of Acupuncture for the Cervical Spine. The treating physician states that the patient has tenderness in the cervical spine but with full range of motion and that her symptoms are improving. (19B) The Acupuncture Medical Treatment Guidelines supports acupuncture treatment for the requested body part and states, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician has requested treatment above the AMTG recommended 3-6 visits and there is no documentation of any prior treatment or response to treatment. The current request is not medically necessary and the recommendation is for denial.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and upper back chapter: Magnetic resonance imaging

**Decision rationale:** The patient presents with headaches and cervical pain. The current request is for MRI of the Cervical Spine. The December Utilization Review Report states that the primary treating physician's reports dated 12/31/14 documented that the patient is having pain radiating down her left arm which will occasionally cause the thumb to get numb, headaches are constant, cervical spine was tender and had limited range of motion. The reviewing physician also documented that the patient has had a prior MRI but did not state when the exam occurred and there is documentation that the patient's pain has exacerbated. (10B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, there is no documentation of progressive neurological changes or any red flags to indicate that repeat cervical MRI is warranted. The current request is not medically necessary and the recommendation is for denial.