

Case Number:	CM15-0106295		
Date Assigned:	06/10/2015	Date of Injury:	01/24/2014
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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

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 52 year old female, who sustained an industrial injury on 1/24/14. She reported initial complaints of neck, upper and lower back. The injured worker was diagnosed as having cervicalgia; C6-7 radiculopathy right; right leg sciatica; multilevel cervical degenerative disc disease. Treatment to date has included physical therapy; acupuncture; medication. Diagnostics included MRI cervical spine (4/18/14); EMG/NCV upper extremities (7/2/14); EMG/NCV lower extremities (12/2014). Currently, the PR-2 notes dated 11/20/14 indicated the injured worker complains of neck pain, right periscapular pain, right buttock and right leg pain. Her neck pain is primarily on the right side with radiation into the upper back and notes occasional radiation over the top of the right shoulder. There is no weakness, numbness, or paresthasias in either arm. Additionally, she has documentation of a low back injury. She does not complain of low back pain but she complains of right buttock and right leg pain with occasional numbness in her right leg and the lateral border of the right foot. At the present time, the injured worker is not taking any analgesics or anti-inflammatories. She continues to work at self-accommodation but still troubled by symptomology when she is working more than 5 hours at a time. Examination of the cervical spine shows slight tenderness at the vertebral prominence with slight tenderness in the right paravertebral and trapezial musculature. There is no spasm. The cervical flexion is 35 degrees, extension is 20 degrees, bilateral lateral rotation is 45 degrees, and bilateral tilt is 30 degrees with right-sided neck pain reported at each limit. The thoracic spine reveals tenderness in the right periscapular region and right-side of the thoracic spine. Her midline and left-side is nontender and without spasm. Thoracic rotation is 90 degrees bilaterally with no spine pain. The lumbar spine is non-tender and no spasm. There is

slight tenderness at the right sciatic notch with none on the left. Lumbar flexion brings fingertips to the level of her ankles. She extends 20 degrees and tilts to the right and left at 30 degrees with no local or referred pain. Straight leg raise and Lasegue's are negative bilaterally. A MRI cervical spine dated 4/18/14 showed minimal annular bulging at C2-3, C3-4 and C4-5 and C5-6; mild disc bulging at C6-7 and moderate right sided neuroforaminal stenosis at C5-6. An EMG/NCV study of the upper extremities dated 7/2/14 revealed right-sided C6-7 radiculopathy. The provider treatment plan included a request for a MRI of the lumbar spine and this has been authorized as well as an EMG of the lower extremities. An EMG/NCV study of the lower extremities was done in December 2014. The provider notes it showed right-sided L5-S1 radiculopathy. The provider has also requested Acupuncture 12 sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the submitted utilization report, the patient has had acupuncture and was reported to help with relieving the patient's symptoms. However, there were no reports of acupuncture in the submitted medical records. Therefore, based on the submitted medical report it is best to evaluate the current acupuncture request as an initial trial, for which the guideline recommends 3-6 visits. The provider's request for 12 acupuncture sessions exceeds the guidelines recommendation and therefore is not medically necessary at this time.