

Case Number:	CM15-0131010		
Date Assigned:	07/17/2015	Date of Injury:	12/07/2011
Decision Date:	08/13/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old female, who sustained an industrial injury on 12/07/2011, resulting from a trip and fall. The injured worker was diagnosed as having cervical spondylosis, foraminal stenosis C5-6 with radiculopathy, and right hip pain. Treatment to date has included diagnostics, chiropractic, acupuncture, and medications. Currently, the injured worker complains of cervical pain with right upper extremity symptoms (6/10), thoracic pain (5/10), and right hip pain (3/10). Medication use included Tramadol ER, nonsteroidal anti-inflammatory drug, Pantoprazole, and Cyclobenzaprine. Urine toxicology (3/02/2015) was inconsistent with prescribed medications. Her work status was permanent and stationary. The treatment plan included myofascial release for the cervical and lumbar spines (2 x 4-two times per year) and additional acupuncture for the cervical and thoracic spines (2 x 4). It was documented that chiropractic treatment and acupuncture helped facilitated diminution of pain and improved range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for Cervical and Thoracic Spine Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 from a trip and fall. The diagnoses were cervical spondylosis, foraminal stenosis at C5-6 with radiculopathy, and right hip pain. Treatment to date has included diagnostics, chiropractic, acupuncture, and medications. Functional outcomes from the medicine use are not known. There is ongoing subjective pain in many areas. She was inconsistent with medication. There was subjective decreased in pain with chiropractic care; objective functional improvements are not noted. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant from past acupuncture. The sessions were appropriately not medically necessary under the MTUS Acupuncture criteria.

Myofascial Release for Cervical Spine 2 x 4 x 2 Per Year Qty 16: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 58 of 127.

Decision rationale: As shared previously, this claimant was injured in 2011 from a trip and fall. The diagnoses were cervical spondylosis, foraminal stenosis at C5-6 with radiculopathy, and right hip pain. Treatment to date has included diagnostics, chiropractic, acupuncture, and medications. Functional outcomes from the medicine use are not known. There is ongoing subjective pain in many areas. She was inconsistent with medication. There was subjective decreased in pain with chiropractic care; objective functional improvements are not noted. The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request was appropriately not medically necessary.

