

Case Number:	CM15-0162021		
Date Assigned:	08/28/2015	Date of Injury:	04/06/2000
Decision Date:	10/02/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 48 year old female who sustained an industrial injury on 4-6-00. She had complaints of right arm numbness and was diagnosed with a cervical disc problem. Treatments include: medication, physical therapy, massage therapy, acupuncture, injections, nerve block and surgery. Progress report dated 7-21-15 reports complaints of ongoing neck, right arm and right shoulder pain. Diagnoses include: cervical strain and cervical radiculopathy. Plan of care includes: medications as needed, request 12 visits of acupuncture and MRI of cervical spine. Work status: full duty without restrictions. Follow up in 3-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents with ongoing neck and right arm pain, as well as into the right shoulder. The request is for MRI CERVICAL SPINE. The request for authorization is dated 07/21/15. The patient is status post anterior cervical discectomy with fusion and fixation at C6-C7, 07/23/02. MRI of the cervical spine, 08/11/11, shows status-post anterior discectomy and fusion at C6-7; disc degeneration at C5-6 with an annular disc bulge, mildly effacing the thecal sac. Physical examination shows a tender spot across her paraspinous musculature, which was injected with Kenalog/Marcaine/Lidocaine. Per progress report dated 07/21/15, the patient is full duty without restrictions. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-178 states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) Section states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. In this case, prior MRI of the cervical spine, 08/11/11, shows status-post anterior discectomy and fusion at C6-7; disc degeneration at C5-6 with an annular disc bulge, mildly effacing the thecal sac. However, there is no documentation or discussion on significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. Therefore, the request IS NOT medically necessary.

Acupuncture 12 visits 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 ongoing neck and right arm pain, as well as into the right shoulder. The request is for ACUPUNCTURE 12 VISITS CERVICAL SPINE. The request for authorization is dated 07/21/15. The patient is status post anterior cervical discectomy with fusion and fixation at C6-C7, 07/23/02. MRI of the cervical spine, 08/11/11, shows status-post anterior discectomy and fusion at C6-7; disc degeneration at C5-6 with an annular disc bulge, mildly effacing the thecal sac. Physical examination shows a tender spot across her paraspinous musculature, which was injected with Kenalog/Marcaine/Lidocaine. Per progress report dated 07/21/15, the patient is full duty without restrictions. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. In this case, the patient has previously trialed Acupuncture treatment. Per acupuncture report dated 02/18/15, patient has received 8 prescribed treatments of Acupuncture. Unfortunately, the patient continues with ongoing neck pain. MTUS supports extended treatments with documented functional improvement with Acupuncture. However, treater does not provide discussion or documentation regarding functional improvements with prior Acupuncture treatments. Additionally, the request for 12 additional treatments of Acupuncture would exceed what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.