

Case Number:	CM15-0183042		
Date Assigned:	09/23/2015	Date of Injury:	12/22/2006
Decision Date:	10/28/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on 12-22-06. Current diagnoses or physician impression includes cervical disc displacement and shoulder-arm sprain (not otherwise specified). Her work status is temporary total disability. A report dated 8-24-15 reveals the injured worker presented with complaints of shooting neck pain with radiation down her upper extremities, and right shoulder pain, which is improving with acupuncture. The injured worker reported complaints of cervical spine pain and right shoulder pain with movement, per note dated 7-13-15. A physical examination dated 8-24-15 revealed paravertebral spasms, cervical spine tenderness, "R-C abduction; 95 degrees, numbness right forearm and hand". An examination on 7-13-15 revealed "paravertebral spasms right trapezius, abduction 100 degrees and strength 3-4 out of 5+". Treatment to date has included acupuncture therapy, a toxicology screen (dated 7-7-15 was negative), surgical intervention (x2) and medications. Diagnostic studies to date has included and MRI. A request for authorization dated 8-24-15 for MRI of the cervical spine is non-certified due to lack of documentation regarding any new injury resulting in a flare up of neck pain and lack of a neurologic examination. The request for 12 acupuncture sessions has been modified to 6 sessions due to a lack of evidence of previous acupuncture treatment, per Utilization Review letter dated 9-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) MRI.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has undergone an unknown amount of therapy in the past. Additional therapy is not substantiated by progress reports from prior acupuncture. The additional 12 sessions of acupuncture is not medically necessary.