MAXIMUS Federal Services

Case Number:	CM15-0183252		
Date Assigned:	09/24/2015	Date of Injury:	09/28/2011
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
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: 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 47 year old male who sustained an industrial injury on 9-28-11. The medical records indicate that the injured worker is being treated for bilateral trapezius myofascial pain, secondary to surgery; left hand injury during intra-operative monitoring (2-2-15); left ulnar neuritis secondary to left hand injury; mild reactive depression. He currently (8-14-15) complains of worsening neck pain with a pain level of 6-7 out of 10 with medication. He uses stretching and a ball to help with pain. He is status post C5-6, C6-7 anterior cervical discectomy and fusion (2-2-15). He has frequent spasms that go into his legs and toes and his pain is aggravated by standing and walking. The physical exam of the cervical spine revealed tenderness to palpation over the cervical paraspinals and the sternocleidomastoid as well as the right occipital area, range of motion was 40 degrees flexion with pain, extension 50 degrees with pain, side bend bilaterally is 20 degrees both eliciting pain, Spurling's maneuver on the left elicits right occipital pain. In the 7-28-15 acupuncture note, the 6th of 6 sessions, his pain remained steady with a pain level of 6-7 out of 10. He reports that after his last session his pain was alleviated by 40%. In the 6-17-15 note he reports less tightness in the upper back and neck with acupuncture. His pain level has increased, as per the 4-22-15 note it was 2-3 out of 10 with medication and gradually increased over the months to 6-7 out of 10 with medications per the 8-14-15 note. He was receiving acupuncture during this time period. Treatments to date include medications: (current) OxyContin, Robaxin, Xanax, oxycodone (previous) Medrox patches, topical creams, Terocin lotion plus current medications; acupuncture 6 sessions; physical therapy to the left hand which was helpful; cervical facet injection from C3 to C6; home exercise program. The request for authorization for 10 sessions of acupuncture to the cervical spine was

not present. On 8-24-15 Utilization Review non-certified the request for acupuncture treatments to the cervical spine based on no documentation of significant improvement such as pain or medication reduction or increased function following prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to cervical spine 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of worsening neck pain with a pain. The patient received acupuncture treatments in the past. The provider reported that acupuncture was 30-40 percent helpful in the management of the pain. However, there was no documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 10 acupuncture sessions to the cervical spine is not medically necessary at this time.