

Case Number:	CM15-0183731		
Date Assigned:	09/24/2015	Date of Injury:	01/20/1999
Decision Date:	12/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 50 year old female who sustained an industrial injury on January 20, 1999. The worker is being treated for: chronic neck and back pain in the setting cervical and lumbar degenerative disc disease, lumbar radiculopathy, left knee pain (pending surgery), and had undergone cervical, lumbar and shoulders surgical intervention. She is also with complaint of having severe, frequent headaches. Subjective: August 26, 2015 she reported complaint of pain "is still constant and severe." She reports spending most days in bed in the dark managing severe headaches. She further reported pain intensity rating of "8" out of 10 with medications and "10" without medications. She reported that the benefit of chronic pain management maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow her to complete necessary ADLs such as walking and light household chores. She reported severe interference with work concentration, sleeping pattern and overall functioning. Objective: August 26, 2015 noted low back pain radiating to both legs; posterior neck pain radiating to bilateral shoulders, and bilateral knee and ankle pains; mild depression. She is found with antalgic gait. The cervical spine noted severe pain and severe spasms to touch with movement along entire cervical spine which is worse since the last visit. There was positive Spurling's and flexion noted 50% restricted, unable to extend, unable to rotate to the right and 50% restricted on the left with audible crepitus. The lumbar spine noted with severe pain across the lumbosacral region, positive bilateral SLR, unable to extend, flexion noted 50% restricted with spasms and restricted lateral bending by 40%. The bilateral knees continue with crepitus movement. There is pain noted in the medial lateral aspects of both knees left side worse and all

movements are restricted by 10% with tenderness and tightness. She continues with dysesthesia and hypoesthesia to the top of head, down to bilateral shoulders and down bilateral arms and legs posterolateral to feet. The bottoms of feet are found with excruciating dysesthesia and hypoesthesia. Diagnostic: CT scan of cervical spine May 2013, MRI cervical spine November 2009, and April 2006. Medication: August 26, 2015: Dilaudid, Percocet, Zofran, Zomig, Methadone, and Soma and noted side effects of: mild depression, fatigue and exhaustion. She is allergic to: PCN to include all cillins, and mycin, Codeine, NSAIDs. Treatment: August 26, 2015 noted POC with approval for acupuncture session and neurologist to assess the lumbar spine (however RFA denoted cervical spine); application of both heat and ice, rest and gentle stretching and exercise, medications. On September 04, 2015 a request was made for 6 sessions of acupuncture treating the cervical spine that was noncertified by Utilization Review on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture treatments, 6 sessions for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs. com Epocrates ONLINE, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions as a trial is within guidelines, appropriate, and medically necessary.