

Case Number:	CM15-0189871		
Date Assigned:	10/02/2015	Date of Injury:	07/25/2014
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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 55 year old female, who sustained an industrial-work injury on 7-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine Herniated Nucleus Pulposus (HNP), headaches, cervical degenerative disc disease (DDD), and rule out cervical radiculopathy. Magnetic resonance imaging (MRI) of the cervical spine dated 10-2-14 reveals disc desiccation at C2-3 and C7 to T1, C2-3 disc herniation which causes stenosis of the spinal canal. C3-4 disc herniation which causes stenosis and abuts the spinal canal, joint degenerative change, C4-5 disc herniation, C5-6 disc herniation and C6-7 disc herniation. Medical records dated 8-18-15 indicate that the injured worker complains of burning neck pain and headaches described as constant and moderate to severe rated 4 out of 10 on the pain scale. The pain is aggravated by looking up, down and repetitive motion and associated with numbness and tingling in the bilateral upper extremities. Per the treating physician report dated 8-18-15 the injured worker has not returned to work. The physical exam dated 8-18-15 reveals cervical tenderness at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles, decreased cervical range of motion, and positive cervical distraction and cervical compression tests. The acupuncture charge slips dated 6-22-15 and 7-10-15 reveal that the pain is unchanged at 5 out of 10 on the pain scale and constant and sharp shooting neck pain. Treatment to date has included pain medication, acupuncture 48 sessions without benefit, off of work, diagnostics, activity modifications and other modalities. The request for authorization date was 8-18-15 and requested services included Consultation-Re-evaluation and Acupuncture 2 times a week for 4

weeks, cervical spine. The original Utilization review dated 9-21-15 non-certified the request for Consultation-Re-evaluation and Acupuncture 2 times a week for 4 weeks, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation/Re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents on 08/18/15 with headaches, burning neck pain rated 4/10 with associated numbness/tingling in the bilateral upper extremities, bilateral shoulder pain, stomach pain, and bilateral knee pain rated 6/10. The treater also notes decreased sensation in the C5 through T1 dermatomal distributions. The patient's date of injury is 07/25/14. The request is for consultation/re-evaluation. The RFA is dated 08/18/15. Physical examination dated 08/18/15 reveals tenderness to palpation of the occiput, trapzius, sternocleidomastoid, and levator scapula, reduced range of motion in the cervical spine in all planes, and positive cervical distraction and compression tests bilaterally. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexeril, and Ketoprofen cream. Patient is currently classified as temporarily totally disabled through 09/22/15. MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." MTUS/ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the treating physician appears to be requesting a follow-up visit for the re-evaluation of this patient's progress. MTUS guidelines support continued monitoring of chronic pain patient's so as to improve and modify the course of care. Such a follow up visit is a reasonable measure and the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request is medically necessary.

Acupuncture 2x4 weeks, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents on 08/18/15 with headaches, burning neck pain rated 4/10 with associated numbness/tingling in the bilateral upper extremities, bilateral shoulder

pain, stomach pain, and bilateral knee pain rated 6/10. The treater also notes decreased sensation in the C5 through T1 dermatomal distributions. The patient's date of injury is 07/25/14. The request is for acupuncture 2x4 weeks, cervical spine. The RFA was not provided. Physical examination dated 08/18/15 reveals tenderness to palpation of the occiput, trapezius, sternocleidomastoid, and levator scapula, reduced range of motion in the cervical spine in all planes, and positive cervical distraction and compression tests bilaterally. The patient is currently prescribed Deprizine, Dicoprofenol, Fanatrex, Synapryn, Tabradol, Flexeril, and Ketoprofen cream. Patient is currently classified as temporarily totally disabled through 09/22/15. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 8 sessions of acupuncture for this patient's cervical spine pain, evidence of functional improvement has not been provided. The documentation indicates that this patient has received at least 48 acupuncture sessions to date for her multi-system complaints. MTUS guidelines support 3-6 sessions initially, with additional treatments being contingent upon demonstrable functional improvement. A careful review of the records provided indicates subjective reports of functional improvement attributed to acupuncture, however this patient's subjective complaints and objective physical examination findings are largely unchanged in the period ranging from 09/22/14 and 08/18/15. Given the lack of demonstrable functional gains obtained from a significant number of acupuncture treatments to date, the request for additional sessions cannot be substantiated. The request is not medically necessary.