

Case Number:	CM15-0191739		
Date Assigned:	11/24/2015	Date of Injury:	09/17/2014
Decision Date:	12/31/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Preventive Medicine, Occupational 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 73 year old male who sustained an industrial injury on 9-17-14. He is temporarily totally disabled. Medical records indicate that the injured worker has been treated for contusion of the head; cervical myalgia; cervical myospasm; right sided cervical radiculitis-neuritis; cervical sprain-strain. He currently (8-4-15) complains of constant neck pain with weakness radiating to shoulders, arms and hands; constant upper back pain with weakness; achy right shoulder and upper arm pain. His pain level was 7 out of 10 while resting and 8 out of 10 with activities. He was unable to perform activities of daily living due to pain. Physical exam of the cervical spine revealed tenderness, guarding and spasms in paravertebral regions and upper trapezius bilaterally, decreased range of motion. Pain levels and physical exam were unchanged from 2-3-15 through 8-4-15. Diagnostics include electromyography and nerve conduction study of the bilateral upper extremities dated 2-27-15 showing bilateral median neuropathies at the wrist, bilateral ulnar neuropathies at the elbow, chronic bilateral polyradiculopathy affecting the C5-8 nerve roots. Treatments to date include medication: naproxen, Protonix; physical therapy evaluation 7-6-15. The request for authorization dated 8-18-15 was for acupuncture for the cervical spine 2 times a week for 6 weeks; chiropractic treatments for the cervical spine 3 times a week for 4 weeks; physical therapy for the cervical spine 3 times a week for 4 weeks. On 9-18-15 Utilization Review non-certified the request for acupuncture for the cervical spine 2 times a week for 6 weeks; chiropractic treatments for the cervical spine 3 times a week for 4 weeks; physical therapy for the cervical spine 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the cervical spine x12, twice weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Guidelines recommend up to 6 sessions of acupuncture as adequate to address musculoskeletal conditions. If there is a significant benefit, the Guidelines allow for an optional extension of sessions, but there is no Guideline support for starting with an initial 12 sessions. There are no unusual circumstances to justify an exception to Guidelines. The request for Acupuncture treatment for the cervical spine x12, twice weekly for 6 weeks is not supported by Guidelines and is not medically necessary.

Chiropractic treatment for the cervical spine x12, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines are very specific with the recommendation that a 6 session trial should be initiated first. Only if there are objective benefits from these 6 sessions are additional manipulative sessions supported. There are no unusual circumstances to justify an exception to these Guidelines recommendations. The request for Chiropractic treatment for the cervical spine x12, 3 times a week for 4 weeks is not supported by Guidelines and is not medically necessary.

Physical therapy for the cervical spine x12, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Guidelines recommend that from 8-10 sessions of supervised physical therapy are adequate to address the need for continued exercises and self protective behaviors. After this amount of supervision an independent program should be established. This request exceeds what is Guideline recommend without justification. The request for Physical therapy for the cervical spine x12, 3 times a week for 4 weeks is not supported by Guidelines and is not medically necessary.