MAXIMUS Federal Services

Case Number:	CM15-0193944		
Date Assigned:	10/07/2015	Date of Injury:	11/23/2010
Decision Date:	11/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on 11-23-10. The injured worker was diagnosed as having probably right C5 radiculopathy, status post anterior and posterior C4-7, lumbar spine left disc protrusion and disc bulge, lumbar facet hypertrophy, lumbar spine degenerative changes, and lumbar spine sprain and strain. Treatment to date has included at least 24 acupuncture treatments, physical therapy, aquatic therapy, and medication including Tramadol and Gabapentin. Physical examination findings on 8-13-15 included tenderness to palpation over the bilateral trapezii, bilateral levator scapulae, and bilateral upper rhomboids. Tenderness was also noted over the lumbosacral mild line and bilateral buttocks. Bilateral hamstring tightness and painful flexion and extension were noted. On 8-11-15, the treating physician noted "the patient has completed 24 acupuncture treatments with 40% to 50% improvement." On 8-13-15, the injured worker complained of neck pain with radiation to bilateral upper extremities and low back pain with radiation to bilateral lower extremities. On 8-28-15, the treating physician requested authorization for a CT myelogram of the cervical spine and acupuncture for the cervical and lumbar spine x6. On 9-3-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT myelogram of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: CT myelography (2015) Criteria for Myelography and CT Myelography.

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

Decision rationale: Guidelines state that CT is not indicated unless a 3-4 week course of conservative therapy has been unsuccessful in improving symptoms, or if there is development of a red flag emergency, or to locate a cerebral spinal fluid lead, surgical planning and diagnostic efforts. In this case, the documentation indicates that the patient had improved with physical therapy and cervical spine epidural injections. The records did not show any red flags. The CT myelogram cervical spine is not medically appropriate and necessary.

Acupuncture sessions x6 for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally. The request for 6 acupuncture treatments of the cervical and lumbar spine is not medically appropriate and necessary.