

Case Number:	CM15-0194197		
Date Assigned:	10/08/2015	Date of Injury:	10/09/2014
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
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: 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 61 year old female, who sustained an industrial injury on 10-9-2014. Diagnoses include cervical degenerative disc disease with disc protrusions, occipital trigger points, right shoulder contusion, and rule out right arm radiculopathy. Treatments to date include activity modification, Norco, Flexeril, and physical therapy. On 9-2-15, she complained of ongoing pain in the neck with radiation to right parascapular region. The provider documented she had a history of liver dysfunction and gastrointestinal upset (with upper and lower endoscopies completed) and unable to take nonsteroidal anti-inflammatories. It was noted that initiation of Etodolac 600 XR and Ultracet was recommended. The physical examination documented right side cervical and trapezial trigger points with decreased cervical range of motion. The appeal requested six acupuncture treatment sessions, twice a week for three weeks, for the cervical spine. The Utilization Review dated 9-11-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with moderate neck pain radiating into bilateral parascapular regions and into the mid-thoracic region, worsened with overhead activities. The treater has asked for acupuncture 2 times a week for 3 weeks for the cervical spine on 7/23/15. The patient's diagnoses per request for authorization dated 7/31/15 is cervical degenerative disc disease with small disc protrusions at C3-4, C4-5, and C5-6 and limited range of motion of her neck in moderate exacerbation. The patient is s/p repeat cervical MRI on 7/8/15 that shows multi-level very small 1-2mm disc protrusions at C3-4 and C4-5 with small 2mm disc protrusion at C5-6 per 7/23/15 report. The patient's previous X-rays of C-spine showed mild degenerative disc disease with what appears to be increased disc space narrowing at C5-6 level with cervical spine straightening per 7/23/15 report. The patient had a flare-up of cervical pain recently, and cannot take anti-inflammatories due to GI upset per 4/2/15 report. The patient is currently being seen through her future medical provision as of 7/23/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per requesting 7/23/15 report, the treater states: "since she does not have significant radicular symptoms but mostly axial neck pain, I would be more inclined to give her a short course of continued gentle physical therapy and range of motion exercises, and acupuncture 6 sessions also being requested." Acupuncture treatment history is not provided to determine if patient had prior sessions. utilization review letter dated 9/11/15 denies request as acupuncture is to be used in conjunction with physical rehabilitation or surgical intervention. Given the patient's condition, a trial of 3-6 Acupuncture sessions would be reasonable and in accordance with MTUS guidelines. Therefore, the request is medically necessary.