

Case Number:	CM15-0199715		
Date Assigned:	10/14/2015	Date of Injury:	05/20/2014
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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 36 year old female, who sustained an industrial injury on May 20, 2014. The injured worker was diagnosed as having cervical radiculopathy and cervical pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the cervical spine, medication regimen, 14 sessions of physical therapy, 19 sessions of acupuncture, use of a transcutaneous electrical nerve stimulation unit, and a cervical epidural steroid injection. In a progress note dated September 25, 2015 the treating physician reports complaints of pain to the head, neck, left shoulder, and left arm that was noted to be unchanged since prior visit. Examination performed on September 25, 2015 was revealing for tenderness to the left cervical paraspinal muscles and the superior trapezius muscles, decreased range of motion to the cervical spine, positive Spurling's maneuver on the left, tenderness to the subacromial bursa, decreased motor strength to the left shoulder, decreased grip strength to the left, and decreased sensation to the left cervical six and seven dermatomes of the upper extremities. The injured worker's pain level on September 25, 2015 was rated a 6 on a scale of 1 to 10 without the use of her medication regimen and rated the pain a 4 on a scale 1 to 10 with the use of her medication regimen. The progress note on September 25, 2015 indicated that the injured worker underwent 19 sessions of acupuncture that provided the injured worker "moderate pain relief" along with noting "improvement in the left arm function as well and decreased a lot of her left upper extremity radicular pain," but the progress note did not indicate the injured worker's pain level prior to the acupuncture and after the acupuncture to determine the effects of the prior acupuncture therapy. The progress note also did

not indicate if the injured worker experienced any functional improvement in activities of daily living with acupuncture therapy. On September 25, 2015, the treating physician requested six visits of acupuncture therapy noting that that injured worker has "continued to have improved function and decrease in pain." The treating physician also requested a one-time consultation with a psychologist for chronic pain to assess the injured worker's coping skills and depressed mood secondary to the chronic pain and a decrease in function. On September 29, 2015, the Utilization Review denied the requests for six visits of acupuncture and a referral for psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 19 prior sessions of acupuncture for this chronic 2014 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage or medical utilization from conservative treatments already rendered. The Acupuncture cervical spine 6 visits are not medically necessary and appropriate.

Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Models and Definitions, Initial Assessment.

Decision rationale: Submitted reports have not demonstrated any specific psychological symptom complaints, clinical findings, complicated conditions or diagnoses indicative of an psychological consultation that is hindering treatment or recovery for this chronic work injury. There is no definitive testing or evaluation needed nor is there any identified discernible goals to be obtained from the psychological referral beyond the primary provider's treatment to meet guidelines criteria for this chronic injury. There are no remarkable clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative treatment trials rendered including pharmacological intervention or independent coping skills developed to better manage any episodic chronic issues, resulting in decrease dependency and

healthcare utilization. Reports have not established any unusual or complex pathology that may require second opinion. MTUS guidelines support specialist referral with failed primary treatment trials; however, this has not been established. Current reports have no acute new injury or deteriorating circumstances to support for the Psychotherapy evaluation. The Psychology Referral is not medically necessary and appropriate.