

Case Number:	CM15-0201557		
Date Assigned:	10/20/2015	Date of Injury:	06/28/2014
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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 53 year old male, who sustained an industrial injury on June 28, 2014. He reported neck, lower back and right knee pain. The injured worker was diagnosed as having right knee and leg sprain and strain, lumbar sprain and strain, lumbar radiculopathy and concussion without loss of consciousness. Treatment to date has included diagnostic studies, transcutaneous electrical nerve stimulation unit, surgery, physical therapy and medications. On July 16, 2015, the injured worker complained of cervical spine, lumbar spine and right knee pain. He rated his cervical spine pain as a 9 on a 1-10 pain scale, his lumbar spine pain was rated an 8 and right knee pain rated an 8 on the pain scale. He was noted to be taking Norco and Motrin and reported improvement in his pain level from a 9-10 down to a 5-6 on the pain scale. On July 18, 2015, an x-ray of the lumbosacral spine revealed mild degenerative disc disease at L5-S1 and minimal degenerative changes at other levels. The injured worker underwent right knee surgery on August 21, 2015. On August 24, 2015, the injured worker complained of right knee pain that was present 75% of the time. He reported lower back pain that was present 75% of the time and rated a 7 on the pain scale. He reported neck pain that was present about 50% of the time and rated a 6 on the pain scale. He also reported middle back pain rated a 4-5 on the pain scale that was present 50% of the time. A request was made for acupuncture and a cervical MRI without contrast. On September 25, 2015, utilization review denied a request for acupuncture and a cervical MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments, clear dermatomal/ myotomal neurological deficits, or adjuvant active therapy to support for acupuncture treatment. The patient has been certified physical therapy previously without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture is not medically necessary or appropriate.

MRI cervical without contrast: Upheld

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

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

Decision rationale: Treatment Guidelines states criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies, not identified here. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical deficits to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical without contrast is not medically necessary or appropriate.