

Case Number:	CM15-0207434		
Date Assigned:	10/26/2015	Date of Injury:	12/02/2002
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Chiropractor, Oriental 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 63 year old female who sustained an industrial injury on 12-2-02. A review of the medical records indicates that the worker is undergoing treatment for myalgia and myositis not otherwise specified, cervicgia, status post cervical fusion with a flare in myofascial neck pain and tightness with active trigger points, and "severe anxiety" and depression. Subjective complaints (9-1-15) include slightly higher than baseline level of bilateral trapezius pain, less tightness, aching, burning, less spasm and "tight rubber band" sensation in her trapezius, and improvement in severe neck pain after trigger point injections last week. Objective findings (9-1-15) include moderate tightness and pain with rotation and flexion of the cervical spine, tightness and tenderness with palpation over the trapezius and interscapular muscles, a local twitch response with palpation, and Spurling causes pain along facet joints. Previous treatment includes trigger point injections (trapezius and intrascapular-9-1-15), physical therapy, home exercise, medication, and psychiatrist and psychologist treatment. The requested treatment of acupuncture with electric stimulation and infrared 1x8 (8, 30 minute sessions) was non-certified on 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with electric stimulation and infrared, 1 time weekly for 8 weeks, 8 (30 minute) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of 10/2/15 denied the treatment request for acupuncture with electrical stimulation and infrared one time per week for eight weeks to manage reported residual myofascial pain in the cervical spine CA MTUS acupuncture treatment guidelines. The treatment request of 9/25/15 failed to address prior acupuncture for management of the reported myofascial pain leaving the reviewer to deny further care per referenced guidelines. Following this denial of requested treatment, the primary treating physician's submitted additional information by way of an 11/03/15 supplemental report addressing prior denials of requested pain medication and acupuncture. The patient was reported to be in moderate to severe pain and that since the prior denial of acupuncture treatment had visited the emergency room on two occasions for increased pain in the cervical spine and bilateral trapezius. The patient's status as of 11/3/15 was status post cervicgia and status post cervical fusion with a flare of myofascial neck pain with tightness and active trigger points. She was also dressed as having severe anxiety and depression with decompensation. Absent in this supplemental report was reference to the total number of prior acupuncture visits provided to the patient and what functional improvement if any had been achieved in pain management leading to increased activities of daily living or overall reduction in pain medication. The CA MTUS acupuncture treatment guidelines require of the requesting provider clinical evidence of functional improvement of which the subsequent document following prior denial did not contain. The medical necessity for continuation of acupuncture care in the absence of functional improvement is contrary to the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines.