

Case Number:	CM15-0209984		
Date Assigned:	11/18/2015	Date of Injury:	06/21/2010
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury on 6-21-10. Documentation indicated that the injured worker was receiving treatment for cervical post laminectomy syndrome, chronic pain syndrome, cervical spine spondylosis, generalized arthritis, adjustment disorder with mixed anxiety and depression. Past medical history was significant for hypertension, depression and obesity. Previous treatment included cervical fusion (2011), physical therapy, acupuncture (six sessions) medial branch blocks, radiofrequency ablation, epidural steroid injections, injections and medications. In PR-2's dated 3-11-15 and 6-11-15, the injured worker complained of right-sided neck pain ranging from 2 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for mild bilateral facet tenderness to palpation. The injured worker was able to perform "good" cervical spine range of motion but was holding her neck stiffly. In a pain management evaluation dated 10-12-15, the injured worker complained of right-sided neck pain and pain across the right shoulder, rated 1 to 5 out of 10 on the visual analog scale. The injured worker reported that six sessions of recent acupuncture had improved her pain from 4 to 1 out of 10 and resulted in easier range of motion for the head and neck, resolution of burning and sensitivity around the neck and relief of neuropathic pain in her feet. Physical exam was remarkable for positive cervical facet loading bilaterally. The injured worker had difficulty looking up and looking from right to left. The treatment plan included requesting additional six sessions of acupuncture for the neck and refilling Mobic (since at least 3-11-15) and Gabapentin. On 10-20-15, Utilization Review noncertified a request for six sessions of acupuncture for the bilateral neck and Mobic 15mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Bilateral neck (x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had completed 6 session of acupuncture with benefit. Although an additional 6 may be helpful and it can take 1-2 months for improvement, additional acupuncture is considered an option and not a medical necessity.

Mobic 15mg #30 (x 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future need and response cannot be predicted. Continued use of Mobic with 2 refills is not medically necessary.