

Case Number:	CM15-0026351		
Date Assigned:	02/18/2015	Date of Injury:	07/25/2014
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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:

This 52 year old female sustained an industrial injury on 7/25/14, with subsequent ongoing neck and back pain. The injured worker later developed right shoulder pain. Treatment included physical therapy, acupuncture and medications. In an addendum to doctor's first report of injury dated 11/14/14, the injured worker complained of pain to the neck, left shoulder, trapezius and thoracic spine with radiation to the left upper extremity and left waist as well as stomach cramping and difficulty sleeping. Physical exam was remarkable for tenderness to palpation over the suboccipital region, tenderness to palpation to cervical and thoracic spine paraspinal muscles and trapezius with spasm and diminished range of motion, left shoulder with tenderness to palpation and subacromial crepitus, positive impingement test and positive cross arm test. Current diagnoses included cervical sprain/strain with left upper extremity radiculitis, left shoulder strain/sprain with impingement syndrome and thoracic spine sprain/strain. The treatment plan included continuing medications (Fexmid, Tramadol and Prilosec), acupuncture two times a week for three weeks to the neck, lumbar spine and low back, ultrasound of left shoulder, magnetic resonance imaging cervical spine. On 2/3/15, Utilization Review noncertified a request for acupuncture With Infra Lamp To The Cervical Spine, And Thoracic Spine, Kinesio Tape For Cervical Spine, And Thoracic Spine and Cyclobenzaprine 7.5 mg, noting lack of functional improvement following previous acupuncture to the cervical spine and thoracic spine and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture With Infra Lamp To The Cervical Spine, And Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or 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 from conservative treatments already rendered. The Acupuncture With Infra Lamp To The Cervical Spine, And Thoracic Spine is not medically necessary and appropriate.

Kinesio Tape For Cervical Spine, And Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC neck

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Kinesio tape (KT), page 615

Decision rationale: Per Guidelines, Kinesio taping is under study. It was noted that patient with acute WAD receiving an application of kinesio taping, applied with proper tension, may exhibit improvements at 24 hour follow-up; however, the improvements in pain and range of motion were small and clinically insignificant. Submitted reports have not demonstrated indication, acute clinical findings, or failed conservative trials to warrant continuing treatment that has not provided functional benefit outside of guidelines criteria. The Kinesio Tape For Cervical Spine, And Thoracic Spine is not medically necessary and appropriate.

Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5 mg is not medically necessary and appropriate.