MAXIMUS Federal Services

Case Number:	CM15-0218311		
Date Assigned:	11/10/2015	Date of Injury:	03/01/2012
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, 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 injured worker is a 64 year old female who reported an industrial injury on 3-1-2012. Her diagnoses, and or impressions, were noted to include: neck pain-cervicalgia; cervicobrachial syndrome; and rule-out bilateral wrist carpal tunnel syndrome. No current imaging studies were noted, but were said to have been done in 10-2014. Her treatments were noted to include: some therapy for the neck and hand - ineffective; medication management with toxicology studies; and a return to work. The latest progress notes provided, dated 3-23-2015, reported: continuous neck pain, rated 8 out of 10, throughout the day, which increased with turning, flexing, extending the head and neck, and reaching, lifting, and by prolonged sitting-standing; and continuous bilateral hand pain, associated with numbness-tingling, weakness and loss of grip. The objective findings were noted to include: positive cervical comprehension test with bilateral cervical rotation; positive cervical compression test, and positive cervical distraction test eliciting the worst pain; decreased active cervical range-of-motion; positive Tinel's in both wrists with decreased strength and grip, with decreased bilateral wrist range-of-motion and constant dropping of items from both hands; and review of the 10-2014 MRI noting multi-level disc bulges and stenosis on the cervical spine. The physician's requests for treatment were not noted to include 12 each acupuncture and chiropractic treatments for the cervical spine. The Utilization Review of 10-9-2015 non-certified the request for 12 each of acupuncture and chiropractic treatments for the cervical spine. Per the note dated 9/18/15, the patient had complaints of pain in the neck at 6/10 with tingling sensation. The physical examination of the cervical spine revealed tenderness on palpation, and positive cervical distraction and

compression test. The patient had received an unspecified number of chiropractic, acupuncture and PT visits for this injury. The medication list included Hydrocodone, Naproxen and Aspirin. The patient's surgical history included C-section. Per the note dated 6/24/15, the patient had complaints of pain in the neck with radiation in the upper extremity with numbness, tingling and weakness. Physical examination of the cervical spine revealed limited range of motion, negative Spurling sign, 4/5 strength and diminished sensation in upper extremity. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, cervical, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture, cervical, 2 times weekly for 6 weeks, 12 sessions. MTUS Guidelines - Acupuncture Medical Treatment Guidelines.9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "'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." The medical records provided did not specify a plan to reduce pain medications, or intolerance to pain medications that patient is taking currently. The patient had received an unspecified number of acupuncture visits for this injury.CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. A detailed response to prior rehabilitation therapy including PT/ acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. Evidence of diminished effectiveness of the oral medications was not specified in the records provided. The medical necessity of the request for Acupuncture, cervical, 2 times weekly for 6 weeks, 12 sessions is not fully established for this patient. Therefore, the request is not medically necessary.

Chiropractic therapy, cervical, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Chiropractic therapy, cervical, 2 times weekly for 6 weeks, 12 sessions. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition, the cited guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient has received an unspecified number of PT and chiropractic visits for this injury. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic therapy, cervical, 2 times weekly for 6 weeks, 12 sessions is not fully established for this patient. Therefore, the request is not medically necessary.