

Case Number:	CM15-0032684		
Date Assigned:	02/26/2015	Date of Injury:	03/08/2014
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 23 year old female, who sustained an industrial injury on March 8, 2014. She has reported neck pain radiating to the shoulders, mid and upper back pain, lower back pain, and right shoulder pain. The diagnoses have included cervical spine sprain/strain, cervical spine disc protrusion, cervical spine radiculopathy, thoracic spine sprain/strain, lumbar spine sprain/strain, lumbar spine disc protrusion, lumbar spine radiculopathy, and right shoulder sprain/strain. Treatment to date has included medications, physical therapy, chiropractic treatments, and imaging studies. A progress note dated October 22, 2014 indicates a chief complaint of continued neck pain with radiation to the shoulders and associated weakness, middle and upper back pain with numbness, lower back pain with weakness, and right shoulder pain with weakness. Physical examination showed decreased range of motion of the cervical spine with tenderness to palpation and spasms of the neck and shoulder muscles, decreased range of motion of the thoracic spine with tenderness to palpation and muscle spasms, decreased range of motion of the lumbar spine with tenderness to palpation and muscle spasms, and decreased range of motion of the right shoulder with tenderness to palpation and muscle spasms. The treating physician is requesting electro acupuncture evaluation and treatment twice each week for three weeks for the cervical and lumbar spine. On February 6, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule acupuncture treatment guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for electro acupuncture evaluation and treatment twice each week for three weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, electro-acupuncture two times per week times three weeks is not medically necessary. Acupuncture is recommended as an option using a short course in conjunction with other interventions. No particular acupuncture procedure has been found to be more effective than another. An alternative method to acupuncture is electro-acupuncture. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured workers working diagnoses are cervical disc protrusion; cervical muscle spasm; cervical pain; cervical radiculopathy; cervical sprain / strain; thoracic muscle spasm; thoracic sprain / strain; lumbar disc protrusion; lumbar myospasm; lumbar pain; lumbar radiculopathy; and lumbar sprain / strain. There is no documentation from [REDACTED], the requesting physician for electro acupuncture (supra) (and the evaluation and treatment for cervical and lumbar spine.) The guidelines recommend an initial trial 3-4 visits over two weeks. With evidence of objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician requested six sessions (two times per week times three weeks). This request is in excess of the recommended guidelines for acupuncture treatment. Consequently, absent compelling clinical documentation in excess of the recommended guidelines (3 to 4 sessions over two weeks), electro-acupuncture two times per week times three weeks is not medically necessary.

Evaluation and treat for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, evaluation and treatment for cervical and lumbar spine is not medically necessary. An occupational health

practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are cervical disc protrusion; cervical muscle spasm; cervical pain; cervical radiculopathy; cervical sprain / strain; thoracic muscle spasm; thoracic sprain / strain; lumbar disc protrusion; lumbar myospasm; lumbar pain; lumbar radiculopathy; and lumbar sprain / strain. The documentation in the medical record contains only progress notes and documentation from the chiropractor, [REDACTED]. There is no documentation from [REDACTED], the requesting physician for electro acupuncture (supra) and the evaluation and treatment for cervical and lumbar spine. There is no clinical indication or clinical rationale in the record for an evaluation and treatment for the cervical spine in the medical record. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no clinical information from the requesting physician with which to seek a consultation that aids in the diagnosis, prognosis or therapeutic management of an injured worker. Consequently, absent clinical documentation from the requesting physician ([REDACTED]) for a referral for evaluation and treatment for cervical and lumbar spine, evaluation and treatment for cervical and lumbar spine is not medically necessary.