

Case Number:	CM15-0037514		
Date Assigned:	03/05/2015	Date of Injury:	08/22/2011
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 50-year-old male, who sustained an industrial injury on 08/22/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include shoulder pain, cervicgia, pain of the cervical facet joint, headache, myalgia and myositis unspecified, lumbago, degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, and chronic pain syndrome. Treatment to date has included home exercise program, medication regimen, left knee magnetic resonance imaging, right knee magnetic resonance imaging, physical therapy, use of H-wave, and laying down. In a progress note dated 02/13/2015, the treating provider reports complaints of stabbing pain to the neck, aching pain to the back, aching and burning pain to the left shoulder. As well as low back, and knees, stabbing pain to the left foot, aching pain to the left ankle, burning and numbness to the right wrist, and aching and numbness to the left wrist. The pain is rated a seven to eight out of ten without pain medication and a five to six out of ten with pain medication. The treating physician requested magnetic resonance imaging of the cervical spine to determine if the injured worker is a candidate for a cervical epidural steroid injection and requested acupuncture for the neck noting that because of his myofascial restrictions he would benefit from this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: According to the 02/13/2015 report, this patient presents with stabbing neck pain, aching upper back pain, and aching/burning left shoulder pain. The current request is for Cervical MRI Qty: 1.00 "to evaluate for a discagenic and/or faceiogenic etiology for the patient's pain". The patient "gets numbness in both hands when he is using them for things like writing or driving". The request for authorization is on 02/17/2015. The patient's work status was not mentioned in the provided reports. Regarding MRI of the cervical spine, ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Review of the provided reports does not show evidence of prior cervical MRI. In this case, the patient presents with chronic neck pain with decreased sensation over the left C6-C7 dermatome and Spurling test elicits pain. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, an MRI would be consistent with the guidelines. The request IS medically necessary.

Acupuncture (neck) Qty: 6.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: According to the 02/13/2015 report, this patient presents with stabbing neck pain, aching upper back pain, and aching/burning left shoulder pain. The current request is for Acupuncture (neck) Qty: 6.00. The treating physician states that the patient "was authorized for acupuncture for his neck a long time ago but says nobody every contacted him telling him when his appointment would be so he never-went". The time frame and number of sessions previously authorized is unknown. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. In this case, the medical records provided for review indicates that the patient has not had acupuncture treatments recently. The requested 6 sessions for the neck appear reasonable and is supported; as MTUS allows up to 3-6 sessions of trial. The request IS medically necessary.

