MAXIMUS Federal Services

Case Number:	CM15-0042740		
Date Assigned:	03/12/2015	Date of Injury:	06/27/2012
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
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:

The injured worker is a 46 year old male, who sustained an industrial injury on 6/27/2012, while working as a massage therapist. He reported cumulative injury to his arms and neck. The injured worker was diagnosed as having chronic cervicalgia with suboccipital headaches, consistent with cervicogenic headache; possibly transfer migraines, chronic neck pain, and carpal tunnel syndrome. Treatment to date has included surgical intervention (11/17/2014 right C5-7 microforaminotomies and bilateral carpal tunnel release in 2013) and conservative measures, including diagnostics, medications, and physical therapy. Electromyogram and nerve conduction studies of the upper extremities were performed on 11/19/2012. Currently, the injured worker complains of moderate neck pain and pain in the occipital area. Radicular symptoms were improved since the surgery. Current medications included Nortriptyline, Norco, Percocet, Protonix, and Diazepam. He also reported that he had 2 cervical injections, with no significant relief. Physical exam of the cervical region noted tenderness and spasms. The recommendations included Ultram, Flexeril, acupuncture therapy, and repeat cervical injections. Repeat electromyogram and nerve conduction studies were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for cervical region: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guideline, pages 8-9.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: "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. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is indicated as a medical necessity to the patient at this time.

Cervical injection times 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a nerve root block injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. According to the clinical documentation provided and current MTUS guidelines; a cervical injection is indicated as a medical necessity to the patient at this time.