

Case Number:	CM15-0045062		
Date Assigned:	03/17/2015	Date of Injury:	05/23/2014
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management

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 35 year old female, who sustained an industrial injury on 05/23/2014. Initial complaints reported included injury to the neck, right arm, right hand, right shoulder, and mid and low back. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, acupuncture, physical therapy, MRI of the cervical spine (11/22/2014), MRI of the lumbar spine (11/22/2014), and MRI of the right shoulder (11/22/2014). Currently, the injured worker complains of upper back, right shoulder and low back pain with the cervical pain radiating to the right upper extremity and to the fingers. Current diagnoses include cervical spine strain/sprain, muscle spasms, lumbar spine strain/sprain with radiculitis, right shoulder strain/sprain, right shoulder clinical impingement, right upper extremity neuropathy, lumbar disc protrusion, right shoulder tendinosis, cervical disc protrusion, and incidental finding of extra renal pelvis verses bilateral hydronephrosis. The treatment plan consisted of 12 sessions of acupuncture, range of motion testing, functional restoration program, a lumbar support brace, TENS (Transcutaneous Electrical Nerve Stimulation), hot/cold packs, VascuTherm 4 DVT system, urine drug testing and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, 2 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) chapter; Low Back - Lumbar & Thoracic (Acute & Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is evidence of concurrent rehabilitative exercises in the form of a functional restoration program. But there is no clear documentation of functional improvement with acupuncture to date. Given this, the currently requested acupuncture is not medically necessary.

Range of Motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) chapter; Low Back - Lumbar & Thoracic (Acute & Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

Decision rationale: Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.