

<b>Case Number:</b>	CM15-0048285		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: District of Columbia, Virginia  
 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 58-year-old female, who sustained an industrial injury on January 22, 2007. She reported tripping on a cord and falling with significant neck pain and a closed head injury. The injured worker was diagnosed as evaluate and rule out cervical myelopathy, evaluate and rule out cervical, thoracic, and lumbar disc herniation and protrusion, evaluate and rule out instability, radiculopathy and radiculitis, and history of left eye surgery due to retinal detachment. Treatment to date has included acupuncture, C6-C7 anterior cervical fusion, electromyography (EMG), and medication. Currently, the injured worker complains of worsening low back, left leg, mid back, and neck pain. The Treating Physician's report dated January 7, 2015, noted pain to palpation over the cervical spine at C4, C5, and C6, cervical range of motion (ROM) limited secondary to pain, with tenderness to palpation over the mid thoracic area with palpable paraspinal muscle spasms and limited range of motion (ROM) due to pain. The lumbar spine examination was noted to show pain to palpation with palpable spasms, limited range of motion (ROM) secondary to pain, and positive right straight leg raise. The Physician noted that MRIs of the cervical spine, thoracic spine, and lumbar spine were indicated to evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments, and delineate anatomy in consideration for future selective spinal injections. A cervical spine x-ray was noted to be indicated to evaluate bony alignment of vertebrae and rule out instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 9 sessions, neck & low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per review of the clinical documentation provided, there is no indication that the patient had a functional improvement of her condition. Per cited guidelines, further acupuncture sessions would not be indicated. Per MTUS: Acupuncture Medical Treatment Guidelines (a) As used in this section, the following definitions apply: (1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (2) "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist, therefore, the request is not medically necessary.

**MRI's Cervical, Thoracic and Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Cervical Chapter regarding MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172. Decision based on Non-MTUS Citation ODG- neck pain.

**Decision rationale:** MRI cervical spine Per MTUS guidelines, conservative therapy is the mainstay of treatment and this is done for 3 months prior to further imaging. If symptoms do not resolve than, further workup is pursued. Per ODG, MRI indications for neck pain are: Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy if sever or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma; Chronic neck pain, radiographs show bone or disc margin destruction-suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal known cervical spine trauma or equivocal or positive plain films with neurologic deficit; upper back/thoracic spine trauma with neurologic deficit. The patient had signs of radiculitis. Despite other therapeutic conditions, the patient had persistence of symptoms. Per guidelines cited and from the review of the clinical documentation provided, there is an indication for further testing. Therefore, the request is not medically necessary.

**Cervical X-rays 4 views:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172.

**Decision rationale:** The patient had signs of radiculitis. Despite other therapeutic conditions, the patient had persistence of symptoms. Per guidelines cited and from the review of the clinical documentation provided, there is an indication for further testing. Per MTUS guidelines, conservative therapy is the mainstay of treatment and this is done for 3 months prior to further imaging. If symptoms do not resolve than, further workup is pursued. Per ODG, MRI indications for neck pain are: Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy if sever or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma; Chronic neck pain, radiographs show bone or disc margin destruction-suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal known cervical spine trauma or equivocal or positive plain films with neurologic deficit; upper back/thoracic spine trauma with neurologic deficit. Therefore, the request is not medically necessary.