MAXIMUS Federal Services

Case Number:	CM15-0048771		
Date Assigned:	03/20/2015	Date of Injury:	09/30/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: Ohio
Certification(s)/Specialty: Chiropractor, Oriental 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 (IW) is a 33 year old female who sustained an industrial injury on 09/30/2014. She reported head, neck, and shoulder pain. The injured worker was diagnosed as having a head injury, and cervical sprain. Treatment to date has included eight sessions of physical therapy, 12 visits with a chiropractor, three visits of acupuncture, x-rays of the cervical spine, and medications. Currently, the injured worker complains of daily headaches and memory loss with pain in the neck, upper back, and shoulders. The plan of care includes physical therapy and acupuncture. A request for authorization is made for: Acupuncture evaluation, cervical spine/ head; Acupuncture (without electrical stimulation), twice weekly, cervical spine/head Qty: 6; Acupuncture (with electrical stimulation), twice weekly, cervical spine/ head Qty: 6; Manual therapy techniques, twice weekly, cervical spine/ head Qty: 6; Paraffin bath, twice weekly, cervical spine/ head Qty: 6; Infrared, twice weekly, cervical spine/head; Supplies and materials, twice weekly, cervical spine/ head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation, cervical spine/ head: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS medical treatment guidelines note that acupuncture is used as an optional pain medications reduced are not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The injured worker receiving acupuncture evaluation on 10/24/14. Based on the medical provided there is no rationale provided as to why this evaluation is inadequate and should be repeated. It was also noted that the injured worker has previously received three acupuncture visits. This would represent an adequate trial of care based on MTUS guidelines. Objective functional improvement is not documented to substantiate continued acupuncture treatment. Based on the MTUS acupuncture medical treatment guidelines the request for an acupuncture evaluation to the cervical spine and head is not medically necessary.

Acupuncture (without electrical stimulation), twice weekly, cervical spine/head Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture may be extended to functional improvement is documented. Previously the injured worker has undergone three visits of acupuncture which would represent an adequate trial. There was no objective functional improvement documented from the previous three sessions of acupuncture. Based on the MTUS acupuncture medical treatment guidelines and the lack of objective functional improvement from the previous acupuncture treatment, the request for acupuncture without electrical stimulation two times a week for three weeks is not medically necessary.

Acupuncture (with electrical stimulation), twice weekly, cervical spine/ head Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture may be extended to functional improvement is documented. Previously the injured worker has undergone three visits of acupuncture which would represent an adequate trial. There was no objective functional improvement documented from the previous three sessions of acupuncture. Based on the MTUS acupuncture medical treatment guidelines and the lack of objective functional improvement from the previous acupuncture treatment, the request for acupuncture with electrical stimulation two times a week for three weeks is not medically necessary.

Manual therapy techniques, twice weekly, cervical spine/ head Qty: 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck chapter, manipulation.

Decision rationale: MTUS chronic pain guidelines does not specifically address manipulation of the cervical spine. ODG specifically addresses manipulation to the cervical spine and was utilized. ODG notes that manipulation of the cervical spine is recommended as an option. Six visits over two - three weeks is recommended. Based on the file presented the injured workers received at least 12 visits a chiropractic treatments. Results of these treatments fail to document objective functional improvement from the previous treatment. Based on the ODG. guidelines and the lack of objective functional improvement from the previous chiropractic treatment the request for manual therapy twice weekly for three weeks to the cervical spine and head is not medically necessary.

Paraffin bath, twice weekly, cervical spine/ head Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-174.

Decision rationale: ACOEM guidelines note that initially at home local applications of cold packs during the first few days of acute complaints; thereafter, applications of heat packs. Paraffin bath is considered a heat modality but is applied in an office setting. Further, the purpose of the request for this modality is not specified. ACOEM guidelines note that there is no high-grade scientific evidence support the effectiveness of heat applications. Based on the ACOEM guidelines request for paraffin bath two times a week for three weeks to the cervical spine and head is not medically necessary.

Infrared, twice weekly, cervical spine/head: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: MTUS chronic pain medical treatment guidelines note that low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts. This

treatment modality is not recommended. Based on the chronic pain medical treatment guidelines the request for infrared cervical spine and head is not medically necessary.

Supplies and materials, twice weekly, cervical spine/ head: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The request for supplies and materials twice weekly is an open-ended request. It does not specify what supplies and materials are required. Guidelines do not support open-ended requests and therefore the request for supplies and materials twice weekly is not medically necessary and appropriate.