

Case Number:	CM15-0058259		
Date Assigned:	04/03/2015	Date of Injury:	12/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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(n) 35 year old male, who sustained an industrial injury on 12/5/11. He reported pain in his neck and mid-back. The injured worker was diagnosed as having cervical spine strain with bilateral upper extremity radiculopathy, thoracic sprain and right shoulder sprain. Treatment to date has included chiropractic treatments, TENs unit and pain medications. As of the PR2 dated 3/4/15, the injured worker reports 8/10 pain and limited range of motion. The treating physician noted tenderness in the cervical and thoracic spine. The treating physician requested acupuncture for the cervical and thoracic spine x 6 sessions and a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine, thoracic spine x 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has pain in his neck and mid-back. The injured worker was diagnosed as having cervical spine strain with bilateral upper extremity radiculopathy, thoracic sprain and right shoulder sprain. The treating physician has documented tenderness in the cervical and thoracic spine. The medical necessity for a current trial of acupuncture has been established. The criteria noted above having been met, Acupuncture cervical spine, thoracic spine x 6 is medically necessary.

Surgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Chronic pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Surgery consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Follow-Up, Page 207 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain in his neck and mid-back. The injured worker was diagnosed as having cervical spine strain with bilateral upper extremity radiculopathy, thoracic sprain and right shoulder sprain. The treating physician has documented tenderness in the cervical and thoracic spine. The treating physician has not documented sufficient exam or diagnostic evidence that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Surgery consultation is not medically necessary.