

Case Number:	CM15-0058315		
Date Assigned:	04/03/2015	Date of Injury:	09/07/2014
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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: North Carolina
 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 44-year-old female patient who sustained an industrial injury on 09/07/2014. The patient initially reported subjective complaint of upper mid back pain and right sided shoulder pain. The initial plan of care included radiography study, continue with medications, but change Norco and Flexiril to HS, recommending therapy, and placed on modified work duty. The pain was described as annoying. A physician's progress report dated 01/09/2015 reported subjective complaints of "she is doing much better", and reports the pain is more intermittent now; work aggravates the pain. She is complaining of right sided mid back pain. She is using the application of heat, Bengay and pain pills to alleviate the pain. Prior treatment to include oral analgesia and physical therapy. She is currently working full duty. She is diagnosed with rhomboid fascitis, and rule out disc herniation. The plan of care involved recommending acupuncture sessions, magnetic resonance imaging, Flexiril added to current list and follow up. A primary treating office visit dated 09/30/2014 reported the patient's status since last examination is without significant improvement. She continues on a modified duty. Subjective complaints of right sided trapezius pain. Current medications are: Norco 5/325mg, Flexiril, and Etodolac ER. New dispensed medications are Metaxalone, Nubumetone. Discontinued medications include Ibuprophen 800mg, Flexiril 10mg, and Etodolac ER 600mg. The plan of care involved continuing with physical therapy as the patient is responding well to it. She is to follow up on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM chapter on neck and upper back complaints states the following concerning imaging studies: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: 1. Emergence of a red flag; 2. Physiologic evidence of tissue insult or neurologic dysfunction; 3. Failure to progress in a strengthening program intended to avoid surgery; 4. Clarification of the anatomy prior to an invasive procedure. However, the documentation does not show any red flag symptoms, evidence of tissue insult or new neurologic dysfunction or planned surgery. Therefore, criteria for imaging per the ACOEM have not been met and the request is not medically necessary.

Acupuncture twice a week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 5. Time to produce functional improvement 3-6 treatments; 6. Frequency: 1-3 times per week; 7. Optimum duration is 1-2 months; 8. Treatments may be extended if functional improvement is documented. Criteria for acupuncture has been met as listed above and therefore the request is medically necessary.