MAXIMUS Federal Services

Case Number:	CM14-0136523		
Date Assigned:	09/03/2014	Date of Injury:	01/02/2014
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, New York, and Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who sustained an industrial injury on 1/20/2014. He has prior surgical history of C5-7 ACDF in 2/14/2008 (non-industrial). The progress note dated 7/12/2014 indicates the patient is s/p C3-4 SNRB and C2-3 MBB with 30-40% pain relief. He complains of neck pain rated 7/10 and daily headaches. Examination indicates tenderness in the occipital area and upper back. Diagnoses are cervical DDD, FNSS, and headaches. The treatment plans is medications and consider Botox. The progress note dated 7/19/2014 indicates the patient complains of neck pain of dull, aching quality, dated 6-7/10, and occipital headache due to neck pain. There is no documented objective findings. States the patient had got good relief from right C2-3 MBB. Treatment plan is left C2, 3 MBB and Botox injection, and medications. According to the progress note dated 8/9/2014, the patient complains of daily headaches of dull, achy quality. S/p bilateral MBB with good pain relief. There are no documented objective findings. Diagnoses are cervical DDD, FNSS, occipital neuralgia, and headaches. Medications are listed. Treatment plan requests Botox injections and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe 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. The medical records document complaints of chronic neck pain and headache. He has tried various medications, and continues complaints of pain. He claims physical activities, such as use of his home treadmill, increases headaches; he also experiences some numbness in the 4th and 5th digits of both hands with this activity. There is no indication in the medical records that Acupuncture has been tried. Given the patient's reported chronic pain complaints with limited benefit with medications management, it is reasonable to allow a trial of Acupuncture treatment with 3-6 sessions. However, the request for 12 Acupuncture visits is not supported by the medical literature nor recommended under the evidence based guidelines.

Botox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botix, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTOX Page(s): 25-26.

Decision rationale: According to the guidelines, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. This patient does not have cervical dystonia. The guidelines specifically outline that Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Based on the medical records, the patient may have tension headache and chronic neck pain; therefore, the request is not medically necessary.