MAXIMUS Federal Services

Case Number:	CM14-0160316		
Date Assigned:	10/06/2014	Date of Injury:	10/02/2001
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 50 year old with an injury date on 10/2/01. Patient complains of cervical pain with radiation into bilateral shoulders with pain into the forearms and numbness in bilateral thumbs, index, and long fingers per 8/25/14 report. Based on the 7/10/14 progress report provided by [redacted] the diagnoses are: 1. s/p (Status Post) anterior cervical discectomy and fusion2. Impingement syndrome of right shoulder3. Rotator cuff tendinosis of right shoulder4. Possible ulnar neuritis of right upper extremity5. S/p right subacromial decompression and distal clavicle resection6. S/p cervical fusion7. Impingement syndrome left shoulder8. S/p left shoulder arthroscopy, acromioplasty, and debridement9. Right middle trigger finger10. S/p right long trigger finger release DOS: 9/20/1211. Right ring trigger fingerExam on 8/25/14 showed "cervical range of motion moderately reduced, with flexion and extension decreased by 20 degrees." Patient's treatment history includes use of Vicodin, Soma, and Aspirin per 8/25/14 report. [redacted] is requesting chiropractic sessions cervical 2x3, acupuncture sessions cervical 2x3, and MRI of the cervical spine without contrast Qty:1. The utilization review determination being challenged is dated 9/4/14 and denies request for acupuncture and chiropractic therapy due to limited documentation, and denies cervical MRI due to limited evidence of positive provocative tests on examination. [redacted] is the requesting provider, and he provided treatment reports from 3/4/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (cervical) #6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 59.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, forearm pain with numbness in bilateral thumbs, index, and long fingers. The treater has asked for chiropractic sessions cervical 2x3. Review of the reports does not show any evidence of chiropractic treatments being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient presents with chronic cervical pain, and the requested trial of 6 chiropractic sessions appears reasonable for this type of condition. Therefore, the request of Chiropractic sessions (cervical) #6 is medically necessary and appropriate.

Acupuncture sessions (cervical) #6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, forearm pain with numbness in bilateral thumbs, index, and long fingers. The treater has asked for acupuncture sessions cervical 2x3. Review of the reports does not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. As patient has not had prior acupuncture, the requested trial of 7 acupuncture sessions to cervical spine appears reasonable. Therefore, the request for acupuncture sessions (cervical) #6 is medically necessary and appropriate.

One MRI of the cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, forearm pain with numbness in bilateral thumbs, index, and long fingers. The treater has asked for MRI of the cervical spine without contrast Qty:1. Review of the reports does not show any reference to an MRI following the patient's neck surgery. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies.

ODG guidelines also support MRI's for neurologic signs and symptoms. In this case, the patient presents with persistent neck pain, has radicular symptoms and history of cervical spine surgery. An updated MRI would appear reasonable since there is no evidence in the reports that there was one done following neck surgery. Therefore, the request of One MRI of the cervical spine without contrast is medically necessary and appropriate.