

Case Number:	CM14-0173930		
Date Assigned:	10/27/2014	Date of Injury:	05/10/2012
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Medicine 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 injured worker is a 59-year-old female who reported an injury on 05/10/2012. The mechanism of injury was due to blunt trauma to the head. The injured worker had diagnoses of chronic, left sided neck pain due to chronic cervical strain/left cervical facet arthropathy, cervicogenic headaches, reactive depression, pain related insomnia, and myofascial pain in the left trapezius. Past medical treatment consists of acupuncture, psychotherapy, the use of a TENS unit, the use of H wave unit, infrared therapy, and medication therapy. Medications consist of Nabumetone/Relafen 500 mg, Seroquel, orphenadrine, Sprix nasal spray, trazodone, meclizine, venlafaxine HCL, Actose, baby aspirin, and metformin. No pertinent diagnostics were submitted for review. On 09/10/2014, the injured worker complained of neck pain. It was reported that the acupuncture that the injured worker has been receiving has been providing some pain relief and makes the pain a little bit more tolerable. It was noted on physical examination that the injured worker had tenderness to palpation over the left posterior cervical paraspinal muscles and over the left trapezius. There were trigger points with taut bands and twitch response noted at the cervical paraspinal muscles and left trapezius. There was tenderness over the left occiput. It was also documented that there was limitation in cervical extension and with guarding and pain produced. Lateral tilt of the neck was noted to 25 degrees. The medical treatment plan is for the injured worker to continue with acupuncture to the cervical spine. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to cervical spine, QTY: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture to the cervical spine, with a quantity of an additional 6 sessions is not medically necessary. According to recommended guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an agent to physical rehabilitation and/or surgical intervention to hasten a functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as followed: (1) time to produce functional improvement is usually 3 to 6 weeks, (2) 1 to 3 times per week, and (3) optimum duration is 1 to 2 months. It was indicated in the submitted documentation that the injured worker was undergoing acupuncture therapy. It was also indicated in the acupuncture office visit note dated 09/10/2014, that the injured worker had improved pain levels. However, it was also documented that the injured worker continued to have severe pain in the neck that radiated into the left eye and left upper extremity. There was no rationale submitted for review to warrant the continuation of acupuncture. It is unclear how the provider feels additional acupuncture would be beneficial to the injured worker. Additionally, according to guidelines there should be functional improvement, usually with the first 3 to 6 treatments. There was no indication or evidence showing that the injured worker had functional deficit improvements. Furthermore, the request as submitted is for an additional 6 sessions, exceeding the recommended guidelines. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.