

Case Number:	CM14-0175501		
Date Assigned:	10/28/2014	Date of Injury:	10/24/2013
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/24/13 when, while driving a bus, his vehicle was struck on the left rear side. He continues to be treated for neck and low back pain radiating into the left upper and lower extremities. Treatments have included physical therapy and a cervical epidural steroid injection without improvement. An MRI in June 2014 is referenced as having shown an L5-S1 disc extrusion. He was seen on 07/21/14. He was having left neck pain radiating into his fingers and wrist and low back pain radiating to his foot. Pain was rated at 7/10. Medications were aspirin, Carvedilol, atorvastatin, metoclopramide, and Naprosyn. Physical examination findings included decreased cervical and lumbar spine range of motion. He had cervical and lumbar spine tenderness. He had decreased left shoulder range of motion with positive impingement testing. There was a normal neurological examination. Recommendations included a course of acupuncture treatments and Tai Chi. Authorization for additional testing was requested. On 09/16/14 five acupuncture treatment sessions had been completed. Although referenced as having helped, he was unable to provide examples of functional benefit from the treatments. Physical examination findings included cervical and lumbar paraspinal muscle tenderness. There was increased neck pain with cervical extension and Jackson testing. Straight leg raising was negative. Recommendations included completion of his acupuncture treatments. Naprosyn 550 mg #60 had been prescribed by another provider. Authorization for six sessions of Tai Chi for the neck and low back was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tai Chi session for the neck and lower back x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tai Chi

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for neck and low back pain radiating into the left upper and lower extremities. Tai Chi is recommended as an exercise-therapy option for arthritis, and for fibromyalgia. In this case, the claimant does not have either of these diagnoses and therefore this request is not medically necessary.