

Case Number:	CM14-0091037		
Date Assigned:	07/25/2014	Date of Injury:	04/29/2014
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported a repetitive strain injury on 04/29/2014. The current diagnoses included cervical sprain, lumbar sprain, bilateral shoulder sprain, lumbar radiculopathy, cephalgia, and stress/psychological symptoms. The patient was evaluated on 05/08/2014. Previous conservative treatment is noted to include physical therapy. The injured worker presented with persistent neck pain, headaches, shoulder pain, upper extremity pain, and low back pain. Physical examination on that date revealed limited cervical range of motion, painful range of motion of the cervical spine, positive foraminal and Jackson's compression testing, muscle splinting and guarding of the cervical musculature, restricted and painful range of motion of the lumbar spine, 2+ deep tendon reflexes in the lower extremities, splinting and guarding of the lumbar musculature, restricted and painful range of motion of the bilateral shoulders, and positive impingement testing. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, acupuncture twice per week for 4 weeks, electrodiagnostic studies of the upper and lower extremities, and a referral to a pain management specialist. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 office visit with Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Treatment/Disability Duration Guidelines ,Office Visits-Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no psychological examination provided for this review. There is no mention of an attempt at conservative management prior to the request for a specialty referral. As the medical necessity has not been established, the request is not medically appropriate.

8 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture would exceed guideline recommendations. There is no specific body part listed in the request. Therefore, the request is not medically appropriate.