

Case Number:	CM14-0094144		
Date Assigned:	09/22/2014	Date of Injury:	11/06/2009
Decision Date:	10/23/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; at least 12 prior sessions of acupuncture, per the claims administrator; unspecified amounts of physical therapy; and opioid therapy. In a utilization review report dated June 11, 2014, the claims administrator denied a request for 12 sessions of acupuncture, denied a request for a cervical MRI, approved electrodiagnostic testing of the bilateral upper extremities, and denied a request for tramadol. The claims administrator denied tramadol on the grounds that it was not a first-line medication and stated that the applicant had not demonstrated appreciable improvement with earlier acupuncture. The report was somewhat difficult to follow. The applicant's attorney subsequently appealed. In a May 27, 2014, progress note, the applicant reported a flareup of neck pain. It was suggested that the applicant had noticed improvement with earlier acupuncture. It was suggested that the applicant was working, although this was not clearly stated. Limited range of motion about the cervical spine with a negative Spurling maneuver was noted. Trapezius and cervical paraspinal tenderness was noted. Patchy decreased sensorium was noted about the upper extremities. An ergonomic chair, acupuncture, a more current cervical MRI, and bilateral upper extremity electrodiagnostic testing were sought, along with prescriptions for Naprosyn, Protonix, and tramadol. Work restrictions were endorsed. The applicant was asked to obtain an ergonomic chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X WEEK FOR 6 WEEKS TO THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "3 to 6 treatments." The request, thus, as written, represents treatment at a rate two to four times MTUS parameters. No rationale for continued acupuncture at a rate this far in excess of the MTUS parameters is proffered by the attending provider. Therefore, the request is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant was actively considering or contemplating any kind of invasive procedure involving the cervical spine. Similarly, the multifocal nature of the applicant's complaints, which included a number of body parts, such as the cervical spine, thoracic spine, shoulders, wrists, hands, low back, lower extremities, etc., argued against any focal neurologic compromise associated with the cervical spine. There was, furthermore, no evidence or statement from the attending provider that the applicant would act on the results of the proposed cervical MRI and/or pursue a surgical remedy were it offered to her. Therefore, the request is not medically necessary.

TRAMADOL 325 MG, # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has stated that the applicant has returned to modified duty work

at [REDACTED]. The attending provider likewise suggested that the applicant was deriving appropriate analgesia from ongoing tramadol usage. Continuing the same, on balance, was/is therefore indicated. Accordingly, the request is medically necessary.