

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0200798 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 08/21/2005 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 pain reportedly associated with an industrial injury of August 21, 2005. In a utilization review report dated August 4, 2014, the claims administrator failed to approve a request for 12 sessions of acupuncture for the cervical spine and 12 sessions of chiropractic manipulative therapy for the cervical spine. The claims administrator suggested that the applicant had received approval for cervical spine surgery on June 18, 2014 and that it was not clear whether these requests represented postoperative requests or preoperative requests. The claims administrator referenced a July 15, 2014 progress note and RFA forms of July 25, 2014 and July 30, 2014 in its determination. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported persistent complaints of neck pain radiating to the shoulders and fingers. The applicant was placed off work, on total temporary disability. The attending provider noted that the applicant had undergone both chiropractic manipulative therapy and acupuncture and suggested that the applicant pursue 12 additional sessions of chiropractic manipulative therapy and acupuncture. On July 15, 2014, the applicant again reported ongoing complaints of neck pain radiating to the arms. The applicant was asked to pursue 12 sessions of manipulative therapy and 12 sessions of acupuncture at that point in time. Once again, the applicant was placed off work, on total temporary disability. In an earlier note dated June 3, 2014, the applicant was, once again, placed off work, on total temporary disability. The attending provider did allude to the applicant's having a large disc herniation at the C6-C7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. While the acupuncture medical treatment guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f), in this case, however, there is no such evidence of functional improvement as defined in Section 9792.20(f), despite extensive prior acupuncture treatment in 2014 alone. The applicant remains off work, on total temporary disability. The applicant continues to report severe neck pain complaints. All of the foregoing, taken together, suggests a lack of functional improvement as defined in Section 9792.20(f), despite completion of extensive prior acupuncture in 2014 alone. Therefore, the request is not medically necessary.

Chiropractic treatment for the cervical spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off work, on total temporary disability. The applicant has failed to demonstrate treatment success with earlier extensive chiropractic manipulative therapy in 2014 alone. Therefore, the request is not medically necessary.