

Case Number:	CM14-0210349		
Date Assigned:	12/23/2014	Date of Injury:	02/19/2013
Decision Date:	03/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 54 year-old female with date of injury 2/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as intermittent, throbbing pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinals and bilateral upper trapezius musculature. There was no muscle spasm. Spurling's test was negative. Axial compression testing was painless. Range of motion was moderately restricted in flexion and extension. X-ray of the cervical spine revealed straightening of the normal cervical lordosis. No acute fractures or dislocations were seen. Prevertebral soft tissue shadows were within normal limits. Diagnosis: 1. Cervical spine chronic strain/sprain, with myofascitis 2. Bilateral shoulder pain, with impingement, and bursitis. Patient has completed at least 18 sessions of physical therapy for the neck and shoulders to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture kinetic activities for the cervical spine 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 18 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture kinetic activities for the cervical spine 3 x 6 are not medically necessary.

Follow up with psychologist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request for follow-up should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a follow-up request to a psychologist. Follow up with psychologist is not medically necessary.