MAXIMUS Federal Services

Case Number:	CM14-0214333		
Date Assigned:	01/07/2015	Date of Injury:	02/03/2014
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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: Physical Medicine & Rehabilitation

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 patient is a 44 year old female with the injury date of 02/03/14. All hand-written reports provided by the treater contain little information regarding the patient's pain, symptoms, treatment history, medication, etc,. Per physician's report 11/20/14, the patient has neck pain, radiating down her right upper extremity and causing her to have sleeping difficulties. The patient remains off work. The patient had 5 sessions of acupuncture between March 2014 and April 2014. Per 10/09/14 progress report, the patient has severe neck pain, radiating down her upper extremities bilaterally, right worse than left. The lists of diagnoses are: 1) C/S discopathy. 2) L/S radiculopathy. Per 08/14/14 progress report, the patient has neck pain, radiating down her upper extremity bilaterally at 8/10. The patient mentioned headaches. Tramadol causes drowsiness. The diagnosis is C/S discopathy. Cervical compression aggravates pain. The utilization review determination being challenged is dated on 12/05/14. Treatment reports were provided from 07/03/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments for the cervical spine (neck), 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1, Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in her neck and upper extremity. The request is for 8 sessions of acupuncture for the cervical spine 2 times a week for 4 weeks. The patient has had 5 sessions of acupuncture between March 2014 and April 2014. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the patient has had 5 sessions of acupuncture in the past and review of the reports does not discuss how the patient has responded to treatments in terms of pain reduction or functional improvement. The treater does not explain why additional therapy is needed. MTUS does not support additional acupuncture treatments unless functional improvement is demonstrated as defined by labor code 9792.20(e); significant change in ADL's, or change in work status and decreased dependence on medical treatments. Given the lack of any documentation of functional improvement from prior acupuncture, the request is not medically necessary.

8 chiropractic treatments for the cervical spine (neck): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain, Chiropractic

Decision rationale: The patient presents with pain and weakness in her neck and upper extremity. The request is for 8 sessions of chiropractic treatment for the cervical spine. MTUS guidelines page 58 states that manual therapy is "Recommended for chronic pain if caused by musculoskeletal condition." MTUS specifies how many treatments are necessary for low back condition but does not discuss it for the neck. ODG, under Neck Pain, Chiropractic Guidelines, allows 9 visits over 8 weeks for regional neck pain. ODG guidelines allows up to 18 sessions over 6-8 weeks, following initial trial of 6 visits over 2-3 weeks, with evidence of objective functional improvement for moderate cervical strain and up to 25 sessions over 6-8 weeks following initial trial of 10 visits over 4-6 weeks, with evidence of objective functional improvement for severe cervical strain. In this case, none of the reports discuss chiropractic treatment history except the request. The utilization review letter on 12/05/14 indicates that "it is unclear what previous conservative modalities have been performed. The original mechanism of injury is not documented." The utilization review denied this request, stating "It would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration ate not demonstrated." In this case, if the patient has not tried chiropractic treatment in the past, 6 sessions may be tried, with ODG supporting 9 visits over 8 weeks for regional neck pain. Given

the lack of evidence that the patient has already tried chiro treatments for the neck, the requested 8 sessions for a trial would appear consistent with ODG guidelines. The request is medically necessary.