MAXIMUS Federal Services

Case Number:	CM14-0217804		
Date Assigned:	01/07/2015	Date of Injury:	09/07/2012
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: Internal 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:

The injured worker is a 59 year old male who suffered a work related injury on 09/07/2012. Per the physician noted from 09/26/14 he has cervical spine tenderness to palpation, and left wrist. The neck was noted to be tight with pain that shoots to the shoulders, left greater than right, and tingling in the left hand. It was noted that he was unable to get off work to go for therapy sessions. The requested treatments include acupuncture and chiropractic therapy sessions. These treatments were denied by the Claims Administrator on 12/05/14 and were subsequently appealed for Independent Medical Review. The primary treating physician's report dated November 4, 2014 documented the diagnoses of cervical spine sprain and strain with left upper extremity radiculopathy, 3-4 mm disc bulge at C6-C7 with impingement on the left C7, and 2-3 mm disc bulge at C3-C6 with bilateral neuroforaminal narrowing, as per MRI magnetic resonance imaging scan on November 23, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines indicates that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. The primary treating physician's report dated November 4, 2014 documented the diagnoses of cervical spine sprain and strain with left upper extremity radiculopathy, 3-4 mm disc bulge at C6-C7 with impingement on the left C7, and 2-3 mm disc bulge at C3-C6 with bilateral neuroforaminal narrowing, as per MRI magnetic resonance imaging scan on November 23, 2012. The physical therapy PT report dated August 20, 2014 documents an initial PT evaluation. Acupuncture twice a week for three weeks (6) was requested. The request for 6 acupuncture treatments is supported by MTUS Acupuncture Medical Treatment Guidelines. Therefore, the request for acupuncture is medically necessary.

Chiropractic treatment twice a week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Chiropractic treatment, manual therapy, and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. Time to produce effect is 4 to 6 treatments. The primary treating physician's report dated September, 2014 indicated that the patient had not received chiropractic treatment in the past. The primary treating physician's report dated November 4, 2014 documented the diagnoses of cervical spine sprain and strain with left upper extremity radiculopathy, 3-4 mm disc bulge at C6-C7 with impingement on the left C7, and 2-3 mm disc bulge at C3-C6 with bilateral neuroforaminal narrowing, as per MRI magnetic resonance imaging scan on November 23, 2012. Six chiropractic treatments were requested. The request for chiropractic treatment is supported by MTUS guidelines. Therefore, the request for chiropractic treatment twice a week for three weeks (6) is medically necessary.