

Case Number:	CM15-0008232		
Date Assigned:	01/23/2015	Date of Injury:	05/26/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Montana

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:

This 29 year old female is a food preparer who was injured 5/26/13. The injury is described as cumulative in nature, resulting in chronic neck and bilateral shoulder pain radiating to both upper extremities and thoracolumbar back pain. She currently complains of sharp pain and numbness in the shoulders that radiates to the right hand with achiness to both elbows that increases with activities and neck pain. Medications are Ultracet, Celebrex and cyclobenzaprine. Treatments have included physical therapy, chiropractic care, medications and cortisone injection into each shoulder. Diagnoses included cervical spine strain; thoracic spine strain/ sprain; lumbar spine strain and bilateral shoulder strain/ sprain. Diagnostic evaluations included radiographs of bilateral shoulders which were unremarkable; cervical spine which was also unremarkable; right and left shoulder MRI which revealed tendinitis. She is working on modified duty. On 12/15/14 Utilization Review non-certified the request for MRI of the cervical spine and 12 acupuncture visits based on ACOEM Guidelines: Chapter 8 and Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography(EMG),and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no clinical evidence for any specific neurologic deficit. Radiographs did not show any significant findings. As noted in the MTUS, electrodiagnostic studies might be beneficial. There is no documentation of red flag conditions or indication that surgery is being considered. The request for MRI of the cervical spine is not medically necessary.

12 sessions of Acupuncture: Upheld

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 Acupuncture Treatment Guidelines.

Decision rationale: The MTUS addresses acupuncture in 9792.24.1. Acupuncture Medical Treatment Guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). In this case 6 sessions of acupuncture were approved on 10/6/14. There is no documentation of functional improvement

related to acupuncture treatment. The request for 12 additional acupuncture is not consistent with the MTUS guidelines and is not medically necessary.