

Case Number:	CM15-0120424		
Date Assigned:	07/01/2015	Date of Injury:	05/01/2015
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year-old male who sustained an industrial injury on 05/01/15. He reported upper back with neck tightness after lifting. Diagnoses include cervical and thoracic sprain/strain, cervical disc herniation/neuralgia, and brachial neuralgia/muscle spasms. Diagnostic testing has not been performed. The injured worker has received chiropractic treatment. Currently, the injured worker complains of constant neck and upper back pain rated as a 6-7 on a 10 point pain scale, and constant left arm pain rated as a 7/10 with constant 1st/2nd digit numbness. Physical examination of the cervical and thoracic spine is remarkable for tenderness to palpation with reduced and painful cervical range of motion with positive trigger points; compression test is positive with left arm to hand pain. Requested treatments include magnetic resonance imaging (MRI), cervical, and chiropractic therapy, cervical and thoracic (8 sessions). The injured worker is under temporary total disability. Date of Utilization Review: 06/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI), cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. Therefore, the request for MRI of the cervical spine is not medically necessary.

Chiropractic therapy, cervical and thoracic (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Allied Health Interventions.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS 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." Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites." The patient developed chronic back and neck pain and musculoskeletal disorders. He may be a candidate for treatment with acupuncture. However, there is no documentation of efficacy of previous acupuncture sessions. The frequency of the treatment should be reduced from 8 to 3 or less sessions. More sessions could be considered when functional and objective improvement are documented. Therefore, the request for Chiropractic therapy, cervical and thoracic (8 sessions) is not medically necessary.