

Case Number:	CM15-0124367		
Date Assigned:	07/08/2015	Date of Injury:	02/26/2003
Decision Date:	08/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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:

The injured worker is a 75 year old male, who sustained an industrial injury on 2/26/2003. Diagnoses include unspecified myalgia/myositis, spasm of muscle, cervical spinal stenosis and neck sprain/strain. Treatment to date has included surgical intervention (right rotator cuff repair) as well as conservative measures consisting of medications. Current medications include Norco and Voltaren and Tylenol. Per the Primary Treating Physician's Progress Report dated 5/26/2015, the injured worker reported neck pain rated as 7/10 with radiation down both shoulders. He reports that his low back pain is doing fine today and is rated as 1/10. Physical examination of the cervical spine revealed limited range of motion with local tenderness over the entire cervical spine. Here was a kyphotic deformity, local tenderness over the C5-6 and C6-7 regions with bilateral upper extremity radiation. The plan of care included cervical home traction, chiropractic and acupuncture. Authorization was requested for acupuncture (2x3) cervical spine, and chiropractic (2x3) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the available documentation provides evidence of muscle spasm and pain in the cervical area. There is no indication that the injured worker has attempted acupuncture in the past, therefore, the request for acupuncture 2 x week x 3 weeks cervical spine is determined to be medically necessary.

Chiropractic 2 x week x 3 weeks Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, the injured worker's request for acupuncture is supported. The efficacy of the acupuncture treatments should be evaluated prior to the initiating a new treatment modality. The request for chiropractic 2x a week x 3 weeks cervical spine is determined to not be medically necessary.