

Case Number:	CM15-0179684		
Date Assigned:	09/21/2015	Date of Injury:	11/04/2003
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female who sustained an industrial injury on 11-4-2003. A review of medical records indicates the injured worker is being treated for complex regional pain syndrome type II, chronic pain syndrome, cervical radiculopathy, cervicgia, lumbago, bilateral sacroiliitis, and myofascial pain syndrome. Medical records dated 7-22-2015 noted neck, mid, and low back pain. Low back pain was rated 8 out of 10. Medical record dated 6-24-2015 noted low back pain a 7 out 10. It is noted there has been no relief with medications. She continues to have a hard time functioning due to pain. Physical examination dated 7-22-2015 noted diffuse tenderness over the cervical spine and bilateral paraspinals. There was full active range of motion of the cervical spine in all directions, except for cervical flexion which was limited to 60 degrees. There was diffuse tenderness to palpation over the thoracic and lumbar spine and bilateral paraspinals. Active lumbar flexion was limited to 30 degrees secondary to pain. Treatment has included 24+ sessions of physical therapy with great relief, 24+ acupuncture visits with great relief, 24+ chiropractic care with moderate relief, 3 lumbar epidural steroid injections which helped her pain, and medications. Utilization review form dated 9-1-2015 noncertified acupuncture 2 x 4 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for chronic pain. When seen, she was having pain throughout her body. Her symptoms were relatively unchanged. She was continuing to have spasms. Pain was rated at 7-8/10. Her prior treatments had included more than 24 sessions of chiropractic care, physical therapy, and acupuncture. Physical examination findings included decreased cervical flexion and left-sided rotation. There was positive right Spurling's testing. There was diffuse thoracic and lumbar spine tenderness with decreased and painful range of motion. There was decreased bilateral shoulder strength with decreased range of motion. There was decreased elbow, grip, hip flexion, and ankle strength. There was decreased bilateral upper and right lower extremity sensation. Medications were prescribed. Authorization for an additional eight acupuncture treatments was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of treatments being requested is in excess of guideline recommendations and no adjunctive treatment was being planned. The claimant had already had acupuncture treatments in excess of the recommended number and duration. The requested acupuncture treatments were not medically necessary.