

Case Number:	CM15-0064771		
Date Assigned:	04/10/2015	Date of Injury:	01/11/2013
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

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 65 year old male sustained an industrial injury to the neck, back and bilateral shoulders on 1/11/13. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, home exercise and medications. In a PR-2 dated 3/2/15, the injured worker complained of pain to the upper and lower back rated 7/10 on the visual analog scale associated with weakness, numbness and swelling to the lumbar spine. Current diagnoses included cervical spine degenerative disc disease, cervical spine disc protrusion with stenosis and lumbar spine disc protrusion. The treatment plan included x-rays of the cervical spine and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 for Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 1/11/13. The medical records provided indicate the diagnosis of cervical spine degenerative disc disease, cervical spine disc protrusion with stenosis and lumbar spine disc protrusion. Treatments have included physical therapy, acupuncture, home exercise and medications. The medical records provided for review do not indicate a medical necessity for Acupuncture 3 x 4 for Cervical Spine. The records indicate the injured worker had acupuncture in the past but there was no explanation of the functional improvement and level of pain reduction derived from such treatment. The MTUS recommends that acupuncture treatment be extended based on documentation of functional improvement. Also, the acupuncture guidelines recommends 3-6 visits as the time to produce functional improvement, and treatment duration of 1 to 2 months; Frequency: 1 to 3 times per week. The request is not medically necessary.

X-rays Cervical Spine, AP, Lateral . Flexion and Extension views: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 1/11/13. The medical records provided indicate the diagnosis of cervical spine degenerative disc disease, cervical spine disc protrusion with stenosis and lumbar spine disc protrusion. The medical records provided for review do not indicate a medical necessity for X-rays Cervical Spine, AP, Lateral. Flexion and Extension views. The questionnaire entry by the injured worker on 01/19/15 indicates the injured worker had answered "No" when asked, " Do you have any new significant changes in your medical history?" The handwritten 03/02/15 visit note essentially had no history, except "Acupuncture for L/S only", the physical examination stated "unchanged". Therefore, based on the available information, this request is not medically necessary. The MTUS recommends against reliance on imaging studies alone to evaluate the source of neck or upper back symptoms because of the possibility of finding something that is irrelevant to the case. Also, the MTUS recommends that diagnostic studies be done in the context of outcome of assessment from the clinical findings, but not as a screening tool. The request is not medically necessary.

MRI Cervical Spine: 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).

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

Decision rationale: The injured worker sustained a work related injury on 1/11/13. The medical records provided indicate the diagnosis of cervical spine degenerative disc disease, cervical spine disc protrusion with stenosis and lumbar spine disc protrusion. The medical records provided for review do not indicate a medical necessity for MRI Cervical Spine. The questionnaire entry by the injured worker on 01/19/15 indicates the injured worker had answered "No" when asked, "Do you have any new significant changes in your medical history?" The handwritten 03/02/15 visit note essentially had no history, except "Acupuncture for L/S only", the physical examination stated "unchanged". Therefore, based on the available information, this request is not medically necessary. The MTUS recommends against reliance on imaging studies alone to evaluate the source of neck or upper back symptoms because of the possibility of finding something that is irrelevant to the case. Also, the MTUS recommends that diagnostic studies be done in the context of outcome of assessment from the clinical findings, but not as a screening tool. The request is not medically necessary.