

Case Number:	CM15-0065200		
Date Assigned:	04/13/2015	Date of Injury:	09/10/2014
Decision Date:	05/12/2015	UR Denial Date:	04/03/2015
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, New York, 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 33 year old female, who sustained an industrial injury on September 10, 2014. She has reported neck pain and back pain. Diagnoses have included cervical spine strain/sprain, cervical spine myospasms, lumbar spine strain/sprain, lumbar spine radiculitis, lumbar spine disc desiccation, lumbar spine stenosis, lumbar spine disc herniation, cervical spine disc desiccation, cervical spine disc herniation, and cervical spine stenosis. Treatment to date has included medications, acupuncture, and diagnostic testing. A progress note dated March 13, 2015 indicates a chief complaint of neck pain with numbness and tingling of the fingers, upper back pain, and lower back pain. The treating physician documented a plan of care that included continuation of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 2 X WK X 6 WKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for an additional 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no such demonstration or evidence of functional improvement as defined in section 9792.20f, despite receipt of 30 prior acupuncture treatments. The applicant remained off of work, on total temporary disability, as of a March 30, 2015 progress note on which additional acupuncture was proposed. The applicant remained dependent on various analgesic and anxiolytic medications, including topical compounds and Valium. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of 30 prior sessions of acupuncture. Therefore, the request was not medically necessary.

Range Of Motion (ROM) And Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 293; 170.

Decision rationale: Similarly, the request for range of motion and computerized muscle testing was likewise not medically necessary, medically appropriate, or indicated here. The primary pain generators here were the neck and low back. However, the MTUS Guideline in ACOEM Chapter 8, page 170, range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 293 also notes that range of motion measurements of the low back are likewise of "limited value," owing to the marked variation in range of motion measurements amongst applicants with and without symptoms. The attending provider failed to furnish any clear or compelling applicant-specific rationale for such testing in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.