

Case Number:	CM15-0071912		
Date Assigned:	04/22/2015	Date of Injury:	09/18/2014
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 54 year old, female who sustained a work related injury on 9/16/14. The diagnoses have included cervical sprain/strain, cervicgia and right cervical radiculopathy. The treatments have included x-rays, medications, physical therapy, trigger point injections and modified work duty. In the PR-2 dated 3/4/15, the injured worker complains of diffuse pain in her neck. The treatment plan is requests for authorization for an MRI of cervical spine and for acupuncture consultation and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine, per 03/04/15 order Qty: 1.00: 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): 178-179.

Decision rationale: The requested MRI of the cervical spine, per 03/04/15 order Qty: 1.00, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has diffuse pain in her neck. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine, per 03/04/15 order Qty: 1.00 is not medically necessary.

Acupuncture consultation, cervical spine, per 03/04/15 order Qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture consultation, cervical spine, per 03/04/15 order Qty: 1.00, is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has diffuse pain in her neck. The treating physician has not documented a previous trial of acupuncture and therefore the medical necessity has been established for a acupuncture consult and a current trial of acupuncture sessions. The criteria noted above not having been met, Acupuncture consultation, cervical spine, per 03/04/15 order Qty: 1.00 is medically necessary.

Acupuncture treatment, 6 sessions, cervical spine, per 03/04/15 order Qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture treatment, 6 sessions, cervical spine, per 03/04/15 order Qty: 1.00, is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has diffuse pain in her neck. The treating physician has not documented a previous trial of acupuncture and therefore the medical necessity has been established for an acupuncture consult and a current trial of acupuncture sessions. The criteria noted above not having been met, Acupuncture treatment, 6 sessions, cervical spine, per 03/04/15 order Qty: 1.00 medically necessary.