

Case Number:	CM15-0072764		
Date Assigned:	04/23/2015	Date of Injury:	05/01/2014
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/16/2015

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:

The injured worker is a 35 year old female, who sustained an industrial injury on May 1, 2014. She reported that while unpacking boxes, she had a twisting injury to her neck and right shoulder. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy and cervicalgia. Treatment to date has included physical therapy, MRI, and medication. Currently, the injured worker complains of significant pain to the cervical spine that radiates down the arms, making her muscles tight with severe pain. The Primary Treating Physician's report dated February 23, 2015, noted the injured worker reported her pain had progressed since the previous visit, rating her pain as a 7 on a scale of 1 to 10 with 10 being the most severe pain imaginable. The treatment plan was noted to include requests for authorization for acupuncture and an interferential unit for rental with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Hutchinson AJ et. al.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on May 1, 2014. The medical records provided indicate the diagnosis of displacement of cervical intervertebral disc without myelopathy and cervicalgia. Treatment to date has included physical therapy, MRI, and medication. The medical records provided for review do not indicate a medical necessity for Acupuncture 2x6 weeks. The MTUS acupuncture Guidelines recommends 1 to 3 acupuncture visits per week for a total of 3-6 treatments, given over 1-2 months. The MTUS recommends acupuncture could be extended if there is documented evidence of improvement. The requested treatment exceeds the Guidelines recommendation and is not medically necessary.

IF unit x 30-60 days rental and supplies - purchase for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The injured worker sustained a work related injury on May 1, 2014. The medical records provided indicate the diagnosis of displacement of cervical intervertebral disc without myelopathy and cervicalgia. Treatment to date has included physical therapy, MRI, and medication. The medical records provided for review do not indicate a medical necessity for IF unit x 30-60 days rental and supplies - purchase for the cervical spine. The records indicate the injured worker has been remained off work; she was recommended for acupuncture, but this has been determined to be not medically necessary. The MTUS does not recommend the use of Interferential treatment as an isolated treatment except in combination with return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore the request is not medically necessary.