

Case Number:	CM15-0094148		
Date Assigned:	05/20/2015	Date of Injury:	03/19/2013
Decision Date:	07/21/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 3/19/13. The injured worker was diagnosed as having cervicgia and myalgia and myositis. Treatment to date has included oral medications including Cyclobenzaprine, Naproxen and Omeprazole and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 6/11/13 was normal and (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies performed on 6/19/13 were read as normal. Currently, the injured worker complains of pain in neck, upper back, mid-back, lower back, both shoulders and right arm rated 7-8/10, described as sharp and shooting and associated with tingling in the arms and legs and numbness in the arms. She is working with restrictions. Physical exam of the cervical spine revealed tenderness to palpation over the right cervical paraspinal muscles and exam of the bilateral shoulders reveals tenderness to palpation over the anterior aspect of both shoulders. The treatment plan for date of service 1/5/15 included continuation of oral medications and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2xwk x5wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: CA MTUS supports the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines recommend up to six visits over 2 weeks. In this case, the requested visits of 10, exceeds the guideline recommendations. There is also no objective evidence on physical exam of injury dysfunction or pain requiring chiropractic therapy. Therefore the request for chiropractic care is deemed not medically necessary or appropriate

Acupuncture therapy 2xwk x 3-4wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that up to 6 sessions of acupuncture is supported as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery when pain medications are reduced or not tolerated. In this case, the patient is 2 years from the date of injury. Prior treatment is not documented in the request, therefore reduction of pain medications or adverse reactions are unknown. The failure of a home exercise program is also not documented. The request is for 10 sessions of acupuncture, which exceeds the guidelines. Therefore the request is deemed not medically necessary or appropriate.