

Case Number:	CM15-0099242		
Date Assigned:	06/01/2015	Date of Injury:	09/06/2014
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 9/8/14. He reported neck pain. The injured worker was diagnosed as having multilevel cervical disc syndrome and left arm cervical brachial syndrome. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of neck pain, left hand tingling and numbness, and mid back pain. The treating physician requested authorization for chiropractic treatment 1x6 and acupuncture 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment once (1) per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient was injured on 09/06/14 and presents with neck pain, left hand tingling/numbness, and middle back pain. The request is for chiropractic treatment once per week for six weeks. The RFA is dated 04/22/15 and "the patient was returned to work on 12/06/14 with restrictions of no lifting, pushing, or pulling more than 25 pounds and no overhead work until further notice." The 11/26/14 report states that the patient had chiropractic treatments beginning 10/23/14 "2 times a week for 6 weeks. He completed 12 visits." The 11/26/14 report continues to state "continue chiropractic treatments with therapy 2 times 6 weeks." MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The reason for the request is not provided. The patient has a limited cervical spine range of motion, cervical compression test produced neck pain, and tenderness is present when palpating over the spinous processes from C6 to T1 and the associated paraspinal musculature bilaterally. He is diagnosed with multilevel cervical disc syndrome and left arm cervical brachial syndrome. Treatment to date includes physical therapy and medication. MTUS guidelines "allow up to 18 sessions of treatment following initial trial of 3-6" sessions. It appears that the patient has had 24 sessions of chiropractic care thus far. An additional 6 sessions of chiropractic care exceeds the total number of sessions MTUS allows. Therefore, the requested chiropractic treatment is not medically necessary.

Acupuncture twice (2) per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient was injured on 09/06/14 and presents with neck pain, left hand tingling/numbness, and middle back pain. The request is for acupuncture twice per week for six weeks. The RFA is dated 04/22/15 and "the patient was returned to work on 12/06/14 with restrictions of no lifting, pushing, or pulling more than 25 pounds and no overhead work until further notice." There is no indication of any prior acupuncture sessions the patient may have had. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has a limited cervical spine range of motion, cervical compression test produced neck pain, and tenderness is present when palpating over the spinous processes from C6 to T1 and the associated paraspinal musculature bilaterally. He is diagnosed with multilevel cervical disc syndrome and left arm cervical brachial syndrome. Treatment to date includes physical therapy and medication. The reason for the request is not provided. In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 12 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 12 sessions of acupuncture is not medically necessary.