

Case Number:	CM15-0099561		
Date Assigned:	06/02/2015	Date of Injury:	09/29/2014
Decision Date:	07/10/2015	UR Denial Date:	04/20/2015
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, Pain Management

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 39 year old female who sustained an industrial injury on 9/29/14 when she was hit in the head and upper right back with a freezer lid resulting in immediate pain in the head, neck and upper back. There was no loss of consciousness. She continued with headache which Tylenol did not help. She was medically evaluated and had a computed tomography of the cervical spine (9/30/14) showing no significant abnormalities. She currently complains of neck pain without radiation; occasional headaches; frequent moderate to severe upper back pain; non- radiating, frequent to severe right shoulder pain. Pain level is 6/10. On physical exam there is tenderness of the cervical paraspinal and periscapular areas. Hoffman's sign is positive bilaterally. There is tenderness of the thoracic intercostal spaces; there were signs consistent with cervical radiculopathy. Medications are Flexeril and Motrin. Diagnoses include cervical trapezial sprain; thoracic strain; cervical radiculopathy, right side; neck pain. Treatments to date include medications; trigger point injections. Diagnostics include cervical and thoracic spine x-rays (10/9/14) unremarkable; MRI of the thoracic spine (10/20/14) was normal. On 4/2/15 there is a request from treating provider for return appointment in 4-6 weeks. On 4/20/15 Utilization review also evaluated a request to continue acupuncture 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement from the therapy already provided as defined above. As such, the currently requested acupuncture is not medically necessary.

RTC 4 to 6 times weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Medical vs self-management model.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for RTC, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the provider has recommended treatment for this patient to address the patient's chronic pain. While this treatment has been determined to be not medically necessary, it is reasonable for the provider to reassess the patient and provide alternative recommendations given the patient's ongoing pain and positive clinical findings. In light of the above, the currently requested RTC is medically necessary.