

Case Number:	CM14-0140248		
Date Assigned:	09/10/2014	Date of Injury:	12/19/2012
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was injured on 12/19/2012 when she was struck forcefully by a metal door in the forehead, nose, and face throwing her backwards. Prior treatment history has included 16 visits of acupuncture and 12 visits of physical therapy; both providing improvement in symptoms. Her past medication history as of 09/09/2014 included Norco 5/325mg and Lidoderm patches. Other medications previously used included Lyrica, Cymbalta, Neurontin, Flector patches, Sumatriptan nasal spray. Progress report dated 09/09/2014 states the patient presented with complaints of neck pain that radiates into the head with associated headaches. She had upper extremity radicular symptoms as well as neuropathic pain in the left posterior arm and elbow as well as in the right upper extremity. She also reported poor sleep maintenance secondary to the pain. She rated her pain with medications a 3-4/10 and without medications a 6-7/10. One exam, there is bilateral cervical paraspinal tenderness, left greater than right with muscle spasm. Cervical spine range of motion revealed flexion at 35 degrees; extension at 40 degrees; right rotation at 50 degrees; and left rotation is at 40 degrees. The patient is diagnosed with chronic musculoligamentous sprain/strain; cervicogenic headaches; occipital neuralgia; and cervical brachial radiculitis/neuritis. The patient was recommended for additional acupuncture therapy. Prior utilization review dated 08/13/2014 by [REDACTED] states the request for Acupuncture twice weekly for 4 weeks, cervical spine (quantity 8) is modified to approve a quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice weekly for 4 weeks, cervical spine (quantity 8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, acupuncture

Decision rationale: According to the CA MTUS guidelines, Acupuncture Medical Treatment is recommended as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that an appropriate trial period is 3-6 sessions. Therefore, I agree with the prior UR decision to modify the request to acupuncture x 6. The medical necessity is not established for acupuncture x 8.