

Case Number:	CM14-0142399		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2013
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopaedic Surgery 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:

This 54-year-old male assistant manager sustained an industrial injury on 1/8/13. Injury occurred to his neck and head when he passed out at work. He underwent C4-C7 anterior cervical micro discectomy and implantation of hardware with realignment and reduction of listhesis on 2/14/14. A total of 20 visits of post-op physical therapy had been authorized. The 7/18/14 treating physician progress report cited grade 3/10 intermittent cervical spine pain radiating into the upper extremities and associated headaches. Pain was aggravated by repetitive neck motions, pushing, pulling, lifting, reaching forward, and working at or above shoulder level. Physical exam documented paravertebral muscle tenderness with spasms, range of motion limited by pain, and normal strength and sensation. X-rays showed bone consolidation and no implant failure. Medication refills were noted under separate cover to include Voltaren, Omeprazole, Ondansetron, Cyclobenzaprine, and Tramadol ER. Acupuncture was requested twice a week for 4 weeks for the cervical spine. The 8/6/14 utilization review denied the request for acupuncture as evidence based medical guidelines does not support the use of acupuncture for the neck. The 8/19/14 treating physician report cited significant improvement in overall cervical symptomatology with some residual stiffness. The patient was status post C4-C7 cervical hybrid reconstruction and was rapidly reaching maximum medical improvement. The patient was noted as taking appropriate pharmacological agents for symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks, cervical spine Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG neck and upper back

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no indication in the records that pain medication was reduced or not tolerated. There was no current documentation that post-op physical therapy had failed to provide functional improvement. This request exceeds guideline recommendations for duration of a trial. Therefore, this request is not medically necessary.