

Case Number:	CM14-0000961		
Date Assigned:	01/22/2014	Date of Injury:	09/07/2012
Decision Date:	06/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a male, employed by [REDACTED] as an aircraft technician who has filed a claim for a repetitive motion industrial injury to his cervical spine causing pain in his neck with persistent radiculopathy. The treating physician/orthopedist noted pain and limited range of motion. MRI obtained with a diagnosis of C5-6 right foraminal stenosis with persistent radiculopathy. The mechanism of injury not provided. Since this incident on 9/7/12, the applicant underwent care with an orthopedist, one previous session of acupuncture reported to have helped him, epidural steroid injection, medial branch block on the right side of C5-6; did not relieve pain. As mentioned just above, he had acupuncture one time and documented it gave him relief. Before 12/23/13, date of the utilization review determination, the applicant had received acupuncture once as a course of treatment without documented results. Clinical demonstration of physical rehabilitation or other passive modalities is non-existent. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting lack of documentation, or verification via phone conference that the applicant had functional improvement or reduction in medical care, consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF ACUPUNCTURE CARE, TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS, FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior acupuncture care without any documentation showing a real benefit or evidence of functional improvement. As noted in Acupuncture Medical Guidelines 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.