

Case Number:	CM15-0001550		
Date Assigned:	01/12/2015	Date of Injury:	01/17/2014
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Chiropractor, Oriental Medicine

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 40 year old male who reports pain in his neck and back resulting from a work related injury on 01/17/2014. Mechanism of injury is a motor vehicle accident. Patient is diagnosed with the following: lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, cervical disc protrusion, cervical muscle spasm, anxiety and depression. Per physician's notes dated 10/25/2014, patient rates the pain in his cervical spine as 6/10 and in the lumbar spine as 7/10. Examination of the cervical spine reveals tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There is muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Soto-Hall is positive. Examination of the thoracic spine reveals tenderness to palpation of the thoracic paravertebral muscles. Examination of the lumbar spine demonstrates tenderness to palpation at the lumbar paravertebral muscles. Kemps is positive. Patient has been treated with Acupuncture, physical therapy, medications, chiropractic care, TENS unit, back brace and ESWT. Primary treating physician requested 6 additional visits which were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 1 time a week for 6 weeks; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 additional visits are not medically necessary.