

Case Number:	CM15-0007758		
Date Assigned:	01/23/2015	Date of Injury:	12/30/2010
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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 patient is a 61 year old male with a date of injury of 12/30/2010. According to the progress report dated 11/7/2014, the patient noted that the neck pain and body pain is better. The patient's headache was noted to be worse. Significant objective findings remained unchanged from previous visit. The patient was diagnosed with cervicogenic headache, occipital neuralgia, cervical spondylosis, lumbar spondylosis, and chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-2 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had prior

acupuncture care. Records indicate that the patient complained of neck and low back pain. Based on the guidelines and evidenced based guidelines, the provider's request for 6 acupuncture sessions for the lumbar spine is medically necessary at this time. Additional acupuncture sessions beyond the initial trial are recommended with documentation of functional improvement.