

Case Number:	CM15-0008013		
Date Assigned:	02/10/2015	Date of Injury:	06/23/1997
Decision Date:	04/01/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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: Ohio

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:

Claimant is a 60-year-old male sustained multiple work-related injuries related to his back and spine on 11/7/94, neck and back 5/15/96, left shoulder 3/18/97. Previous treatments include medications, epidural steroid injections, and was considered a surgical candidate for his cervical and lumbar spine in 1995. Progress note dated 12/16/14 notes pain level of 8 - 9/10 and is reduced to 5/10 with use of medication. Pain is described as burning, cramping, cutting, electric like, numbness, pins and needles, pressure, sharp, shooting, and throbbing. Frequency is 75% of the time. Cervical range of motion is decreased with sensory deficits at C6 - T1 with the right being greater than the left side. UR decision dated 12/29/14 modified a request for 10 visits of acupuncture to six visits citing the need for an adequate trial and the MTUS acupuncture medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week for 5 Weeks (Total of 10 Visits) Neck, Back, Left Shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state a recommended trial of 3 to 6 treatments 1 to 3 times per week. There is no evidence documented as to why the treatment request should exceed these parameters. Based on the MTUS acupuncture medical treatment guidelines and the request for 10 visits exceeding the guideline recommendations of an initial trial of six visits, the treatment is not medically necessary.