

Case Number:	CM15-0103020		
Date Assigned:	06/05/2015	Date of Injury:	08/28/2014
Decision Date:	07/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/28/2015

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: 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 43 year old female, who sustained an industrial injury on 8/28/2014. The current diagnoses are cervical strain secondary to whiplash and cervicothoracic myofascial pain. According to the progress report dated 5/5/2015, the injured worker complains of increased neck and upper back pain. The pain is rated 5/10 on a subjective pain scale. The physical examination reveals reduced range of motion of the cervical spine and bilateral shoulders. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, chiropractic, and acupuncture. The plan of care includes 10 additional acupuncture sessions to the neck, left shoulder, and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 acupuncture sessions for the neck, thoracic spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After thirteen acupuncture sessions were already completed (reported as beneficial, no specifics were reported), there is a lack of evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture. Also the request is for acupuncture x 10, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture fails to meet the criteria for medical necessity.