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| Case Number: | CM15-0103664 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 11/27/2014 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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 33 year old male who reported an industrial injury on 11/27/2014. His diagnoses, and/or impressions, are noted to include: headaches; bilateral eye complaints of blurred vision; cervical spine, lumbar spine, and left shoulder musculoligamentous sprain/strain; lumbar spine myospasm; and lumbago. No current imaging studies are noted. His treatments have included consultations; diagnostic studies; medication management with toxicology screenings; and modified work duties. The progress notes of 3/25/2015 noted a re-evaluation for complaints of intermittent, moderate upper back pain, and tension, that radiated to the left shoulder, was aggravated by activity, and relieved by pain medications; intermittent, moderate pain to the low back, with a pulsating sensation, increased by activities and decreased with pain medications; frequent headaches to the top and front of the head, associated with blurry vision, aggravated by exposure to light, and relieved by medication; and of blurry vision with excessive tearing that may be contributing to the headaches. Objective findings were noted to include no acute distress; normal affect; normal findings in the head/ears/eyes/nose/throat assessments; tenderness with spasms of the cervical para-spinals and upper trapezius muscles bilaterally; hypo-lordosis with tenderness and spasms of the bilateral para-spinals and quadratus lumborum muscles of the lumbar spine; and tenderness over the upper trapezius, latissimus dorsi and bicipital groove area. The physician's requests for treatments were noted to include acupuncture treatments.

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 an unknown number of prior acupuncture sessions, the patient continues symptomatic, and no evidence of any sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.