

Case Number:	CM15-0105081		
Date Assigned:	06/09/2015	Date of Injury:	04/08/2004
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 67 year old male, who sustained an industrial injury on April 8, 2004. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, lumbar spine disc bulge, multilevel degenerative disc disease of the cervical spine, lumbar spine degenerative disc disease, lumbar disc herniation's, cervical disc herniation, headache and chronic pain. Treatment to date has included medications, MRI, a pain management evaluation and physical therapy. Current documentation dated April 22, 2015 notes that the injured worker reported neck pain with radiation to the right upper extremity and low back pain with weakness in the lower extremities. Examination of the cervical and lumbar spine revealed tenderness, spasms and a painful and decreased range of motion. The treating physician's plan of care included a request for acupuncture treatments to the cervical and lumbar spine # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical/lumbar spine 2 times a week for 4 weeks, quantity: 8 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 not had prior chiropractic treatments. Provider requested initial trial of 2X4 chiropractic treatment for cervical and lumbar spine, which were modified to 2X3 by the utilization review. Per guidelines, 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2X4 Chiropractic visits are not medically necessary.