

Case Number:	CM15-0109461		
Date Assigned:	06/16/2015	Date of Injury:	07/12/2013
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/05/2015

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 54 year old female who sustained an industrial injury on 07/12/2013. Current diagnoses include chronic cervical pain and post-concussive head pain syndrome. Previous treatments included medications, physical therapy, left sided occipital block, Botox injections, and cognitive behavioral therapy. Report dated 04/14/2015 (QME report) noted that the injured worker presented with complaints that included neck pain, and head pain with nausea and photophobia. Pain level was not included. Physical examination was negative for abnormal findings. The treatment plan included continuing with ongoing medication management. Disputed treatments include acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of neck pain. The acupuncture medical treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Based on the submitted records, it appears that the patient has not had acupuncture treatment in the past. Therefore, the provider's request for 6 acupuncture sessions is medically necessary at this time. Additional acupuncture session beyond the initial trial may be warranted with evidence of functional improvement.