

Case Number:	CM15-0017529		
Date Assigned:	02/05/2015	Date of Injury:	06/22/2011
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 60 year old female, who sustained an industrial injury on June 22, 2011. Her diagnoses include sprain of neck and sprain of lumbar region. She has been treated with oral and topical pain medications, x-rays, MRI, and EMG (electromyography). The records refer to a prior course of acupuncture, but do not provide specific dates or results. On January 7, 2015, her treating physician reports episodic mow back and neck pain with constant numbness and weakness of the left lower extremity. The physical exam revealed moderately limited cervical range of motion and normal motor strength, sensation, and deep tendon reflexes of the upper extremities. There was moderately decreased lumbar range of motion, decreased sensation over the left thigh, weakness of the left hip flexor, and negative bilateral straight leg raise. The treatment plan includes an additional 12 visits of acupuncture for the neck and low back. On January 16, 2015, Utilization Review non-certified a prescription for an additional 12 visits of acupuncture for the neck and low back, noting the lack of evidence of objective positive patient response to prior acupuncture, including changes in range of motion, strength and pain score to support additional acupuncture. The California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional acupuncture sessions for the neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The provider has requested 12 additional acupuncture sessions for the neck and low back. However, there was no objective quantifiable documentation regarding functional improvement from prior acupuncture care. Therefore, the provider's request for 12 additional acupuncture sessions for the neck and low back is not medically necessary at this time.