

Case Number:	CM15-0131569		
Date Assigned:	07/17/2015	Date of Injury:	03/26/2013
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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 51-year-old male, who sustained an industrial injury on 3/26/13. He reported pain in the cervical spine, right shoulder, and lower back pain. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, cervical spine pain, cervical spine radiculopathy, cervical spine sprain/strain, lumbar spine herniated nucleus pulposus, lumbar spine pain, lumbar spine radiculopathy, and lumbar spine spondylosis. Treatment to date has included chiropractic treatment, medication, and 10 sessions of acupuncture, that provided temporary relief. Currently, the injured worker complains of pain in the cervical spine and low back with radiation to right thigh and right foot. The treating physician requested authorization for acupuncture 2x4 for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 4 weeks lumbar/cervical spine (8 sessions): 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." Ten prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) provided to support the appropriateness of the additional acupuncture requested. Also, the request is for acupuncture x 8, number that exceeds the guidelines criteria without compelling, extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not supported for medical necessity.