

Case Number:	CM15-0136094		
Date Assigned:	07/24/2015	Date of Injury:	01/14/2013
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 42 year old female sustained an industrial injury to the neck, back and left knee on 1/14/13. Previous treatment included physical therapy, chiropractic therapy, acupuncture, back brace and medications. Documentation did not disclose the number of previous acupuncture sessions. Magnetic resonance imaging cervical spine (12/31/14) showed mild straightening of the cervical spine lordosis with degenerative disc spondylosis at C4-5 and C5-6 and multilevel disc protrusions. In a PR-2 dated 4/29/15, the injured worker complained of pain to the cervical spine, thoracic spine, lumbar spine and left knee and headaches, rated 5-7/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature and spasms as well as positive cervical compression and shoulder depression tests. Current diagnoses included dizziness, headache, cervical disc protrusion, cervical spine muscle spasm, cervical spine radiculopathy, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, left knee meniscus tear and left knee sprain/strain. The treatment plan included requesting acupuncture once a week for six weeks for the cervical spine to increase range of motion, increased activities of daily living and decrease pain. Per a Pr-2 dated 5/5/14, the claimant's pain level is about a 7. The claimant states that acupuncture is helping the pain the lumbar spine and cervical spine. Per an acupuncture note dated 5/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine 1 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.