

Case Number:	CM15-0136184		
Date Assigned:	07/24/2015	Date of Injury:	08/01/2013
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:

The injured worker is a 64 year old male, who sustained an industrial injury on August 1, 2013, incurring upper and lower back and shoulder injuries. A cervical Magnetic Resonance Imaging revealed disc bulging with nerve root compression. Magnetic Resonance Imaging of the left and right shoulders showed tendonitis. Magnetic Resonance Imaging of the lumbosacral spine revealed disc bulging and spinal stenosis. He was diagnosed with cervical, thoracic and lumbar spine sprain, and lumbar spine radiculopathy. Treatment included anti-inflammatory drugs, pain medications, and antihistamine for dizziness, antiemetic, and proton pump inhibitor. Currently, the injured worker complained of constant headaches, constant lower back pain, right hip pain, left leg pain, and dizziness. He was noted to have muscle spasms of the lumbar and cervical spine. The injured worker complained of constant bilateral hand pain, hearing loss and memory loss. The treatment plan that was requested for authorization included acupuncture for the cervical spine. Six acupuncture visits were approved 6/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for cervical spine: 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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture. Therefore further acupuncture is not medically necessary.