

Case Number:	CM15-0138480		
Date Assigned:	07/28/2015	Date of Injury:	06/16/2014
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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 32 year old male, who sustained an industrial injury on 6-16-14. He reported pain in his neck and right shoulder. The injured worker was diagnosed as having cervical radiculopathy, lumbar sprain, right carpal tunnel syndrome and symptoms involving head and neck. Treatment to date has included a cervical MRI, a brain MRI on 7-27-14, acupuncture x 12 sessions, physical therapy, a TENS unit, Orphenadrine ER and Norco. As of the PR2 dated 6-22-15, the injured worker reports restricted range of motion in the cervical spine and right shoulder blade. He indicated that acupuncture has reduced the severity of his headaches and pain in his lower back. Objective findings include cervical spasms, decreased cervical and lumbar range of motion and a negative straight leg raise test. The treating physician requested acupuncture 2 x weekly for 6 weeks for the head, neck, back and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for head: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The utilization review document of June 30, 2015 denied the treatment request for 12 acupuncture visits to the patient's head citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identified a prior course of acupuncture care, 12 visits directed to the patient's head and lower back symptoms. The care was to manage the severity of the patient's headaches. The reviewed documents did support the medical necessity for continuation of acupuncture care but were not compliant with CA MTUS acupuncture treatment guidelines. The medical necessity for 12 additional acupuncture visits to manage the patient's head and lower back was not supported by the reviewed medical records or compliant with CA MTUS acupuncture treatment guidelines.