

Case Number:	CM15-0138761		
Date Assigned:	07/28/2015	Date of Injury:	12/13/1996
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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 63-year-old male, who sustained an industrial injury on 12/13/1996. The mechanism of injury was lifting heavy boxes overhead. The injured worker was diagnosed as having thoracic sprain/strain, neck sprain/strain, cervicgia and cervical spondylosis without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupressure and medication management. In a progress note dated 6/11/2015, the injured worker complains of neck pain radiating across the right side of the back and into the right arm, rated 7/10. Physical examination showed diffuse tenderness over the right rhomboids and trapezius and over the cervical area with restricted range of motion. The treating physician is requesting 3 acupuncture sessions. Per an acupuncture report dated 2/23/2015, the claimant is noticing some changes and improvement with acupuncture. Per an acupuncture report dated 4/27/15, the claimant is still very stiff and complains that he is constant pain. His range of motion and strength has not changed.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 acupuncture sessions: 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 unclear benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.