MAXIMUS Federal Services

Case Number:	CM15-0140023		
Date Assigned:	07/29/2015	Date of Injury:	10/24/2014
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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 is a 53 year old male with an October 24, 2014 date of injury. A progress note dated June 10, 2015 documents subjective complaints (on and off headache; constant wrist pain; constant bilateral hand pain with numbness; constant right shoulder pain; constant bilateral knee pain with loss of strength; constant lower back pain; constant right ankle pain; bilateral foot pain), objective findings (lumbar spine tenderness with muscle spasms at L1-5; cervical spine tenderness with muscle spasms at C2-7; right wrist triangular fibrocartilage complex), and current diagnoses (cervical, thoracic, and lumbar spine sprain or strain; right shoulder impingement, rule out rotator cuff tears; right knee internal derangement; lumbar spine radiculopathy). Treatments to date have included medications, imaging studies, and physical therapy. The treating physician documented a plan of care that included acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for cervical spine which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.