

Case Number:	CM15-0140745		
Date Assigned:	07/30/2015	Date of Injury:	06/05/2013
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury on June 5, 2013. Treatment to date has included acupuncture therapy, MRI of the cervical spine, work-activity modifications and physical therapy. Currently, the injured worker complains of neck pain. An MRI of the cervical spine on May 15, 2015 revealed facet and uncovertebral joint arthropathy and right neural foraminal stenosis of C3-C4 and C4-C5. Objective findings from a March 31, 2015 evaluation were documented as 45-25, 70 degrees right and 75 degrees left. Physical therapy notes from January 5, 2015 and January 19, 2015 revealed the injured worker was making progress with his physical therapy and additional physical therapy was requested on May 12, 2015. The diagnosis associated with the request is brachial neuritis or radiculitis. The treatment plan includes twelve sessions of acupuncture therapy 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 therapy treatment to the cervical spine for 12 sessions, 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the request exceeds the amount suggested by the guideline. In addition, the claimant had already received therapy and acupuncture is considered an option. The request for 12 sessions of acupuncture is not medically necessary.