

Case Number:	CM15-0141188		
Date Assigned:	07/30/2015	Date of Injury:	11/04/2004
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
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: 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 injured worker is a 46 year old female who reported an industrial injury on 11-4-2004. Her diagnoses, and or impression, were noted to include: displacement of the cervical inter-vertebral disc without myelopathy. Recent magnetic resonance imaging studies of the cervical spine were said to have been done, revealing abnormal findings. Her treatments were noted to include working out at the gym; diagnostic studies; and rest from work. The progress notes of 6-16-2015 reported a follow-up visit with complaints of neck and radiating right arm pain, with the ability to work-through her pain and remain relatively active; and significant improvement in the numbness of her index finger and thumb. Objective findings were noted to include: no acute distress; decreased Jamar testing in the, non-dominant, left hand; and very mild weakness in the right wrist. The physician's requests for treatments were noted to include acupuncture treatments as the best way to help with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2x wk x 6 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore the request is not medically necessary.