

Case Number:	CM15-0147270		
Date Assigned:	08/10/2015	Date of Injury:	02/26/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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 53 year old female, who sustained an industrial injury on 2-26-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical post laminectomy syndrome post anterior cervical discectomy and fusion at cervical 5-6 and 6-7. Recent cervical computed tomography scan showed intact cervical prosthesis and moderated hypertrophic changes of the mid cervical spine. Treatment to date has included cervical epidural steroid injection, therapy and medication management. In a progress note dated 6-16-2015, the injured worker complains of right sided neck pain with muscle spasm in the trapezius, radiating to the right upper extremity. Physical examination showed cervical tenderness, muscle rigidity and decreased range of motion. The treating physician is requesting 12 sessions of acupuncture for the cervical spine. Six sessions of acupuncture were authorized on 7/2/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2X6 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.