

Case Number:	CM15-0161613		
Date Assigned:	08/28/2015	Date of Injury:	11/04/2014
Decision Date:	10/02/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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 42 year old male with an industrial injury dated 11-04-2014. The injury is documented as occurring when a coworker was just playing around and was trying to pop his back. He experienced pain along the left side of his neck. Co-morbid condition was hypertension. His diagnoses included cervical sprain and cervical degenerative disc disease. Prior treatments included physical therapy, chiropractic care, injection treatments, diagnostics and medications. He presents on 07-16-2015 with complaints of neck, upper shoulder and peri-scapular region pain. He rates his pain 7 out of 10. He is on modified duties. Cervical spine range of motion was 70% of normal. Shoulder range of motion was intact without impingement. Strength was intact in the upper extremities without focal deficits. His medications included Hydrocodone, Naprosyn, Soma and Metoprolol. The treatment request is for 10 acupuncture sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 acupuncture sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of neck, upper shoulder, and peri-scapular region. The Acupuncture Medical Treatment guidelines recommend 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient received acupuncture in the past. The provider's request for 10 acupuncture sessions for the cervical spine exceeds the guidelines recommendation for an initial trial. Therefore, 10 acupuncture sessions is not medically necessary. However, 6 acupuncture sessions would be appropriate. Additional acupuncture beyond the 6 initial sessions is warranted with documentation of functional improvement from prior sessions.