

Case Number:	CM15-0163363		
Date Assigned:	08/31/2015	Date of Injury:	11/10/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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, Montana

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 33 year old female, who sustained an industrial injury on November 10, 2014, incurring upper back, head and neck injuries. She was diagnosed with post-concussion syndromes, post-concussion headaches, myofascial pain syndromes and a cervical sprain. Treatment included anti-inflammatory drugs, muscle relaxants, physical therapy that provided no relief, chiropractic sessions, and electro-acupuncture therapy which gave her much relief, and modified work duties with restrictions. Currently, the injured worker complained of persistent chronic pain. The treatment plan that was requested for authorization included electro acupuncture, infrared myofascial release for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture, infrared, myofascial release 2x8 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 2X8 acupuncture sessions for cervical spine which were non-certified by the utilization review. Patient reported improvement; however, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x8 acupuncture treatments are not medically necessary.