

Case Number:	CM15-0165019		
Date Assigned:	09/02/2015	Date of Injury:	06/04/2012
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/22/2015

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 61-year-old male, who sustained an industrial injury on 6-4-12. The injured worker has complaints of neck pain that radiates to left upper extremity with tingling, numbness and weakness and complaints of low back pain that radiates to left lower extremity with tingling, numbness and weakness. The documentation noted that the injured worker is not able to hell and tow walk and is unsteady. Tenderness to palpation noted along the cervical and lumbar paraspinial, trapezius, quad lumborum. The cervical spine is restricted in all planes with increased pain. The diagnoses have included cervicalgia; neck pain and low back pain. Treatment to date has included omeprazole; norco; ibuprofen; tramadol; prilosec and lidoderm patch. The request was for acupuncture for the lumbar and cervical spine, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar and cervical spine, 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The July 24, 2015 utilization review document denied the treatment request for six additional acupuncture visits to manage reported lumbar spine and cervical spine residuals citing CA MTUS treatment guidelines. The reviewed records following the 12th prior acupuncture visits failed to document modification of pain medication or improvement in the patient's VAS pain index or any reflection that care provided functional improvement. The reviewed medical records did not support the medical necessity for continuation of acupuncture care, six visits or comply with CA MTUS treatment guidelines. This request is not medically necessary.