

Case Number:	CM15-0167002		
Date Assigned:	09/04/2015	Date of Injury:	06/10/2013
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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 67 year old female, who sustained an industrial injury on 08-10-2013. She reported injury to the neck. The diagnoses have included status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation; advanced degenerative disc disease at C3-4 and C6-7; disc bulging at C3-4 and C6-7 without significant cord compromise; moderate bilateral C7 sensory dysfunction without denervation (per electromyogram 06-17-2014); ataxic gait; and acute left trapezial spasm. Treatment to date has included medications, diagnostics, walker, physical therapy, acupuncture, and surgical intervention. Medications have included a topical compounded cream. A progress report from the treating physician, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported that she has completed a course of acupuncture; she states that it has significantly made her feel better, although she continues to experience bilateral trapezial spasms, worse on the left than the right; and she would like to return to work on September first. Objective findings included cervical range of motion is full in flexion, and 50% in all other planes; there is significant tenderness over the left trapezial muscle to palpation with associated spasm; there are no motor or sensory deficits in the upper extremities; grip strength determinations were essentially equal; and she would benefit from additional visits of acupuncture, two times a week for four weeks. The treatment plan has included the request for additional acupuncture, 2x weekly, cervical spine, quantity: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, 2x weekly, cervical spine, QTY: 8: 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 in which the patient stated she felt significantly better. Provider requested additional 8 acupuncture visits which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Per review of evidence and guidelines, additional 8 acupuncture treatments is not medically necessary.