

Case Number:	CM15-0168613		
Date Assigned:	09/09/2015	Date of Injury:	10/17/2014
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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 38 year old male, who sustained an industrial injury on 10-17-2014. The current diagnoses are left C6-C7 disc protrusion with annular tear and likely upper extremity radiculitis, left-sided cervical facet syndrome with cervical and thoracic myofascial pain, and bilateral upper extremity neuropathic pain. According to the progress report dated 7-23-2015, the injured worker complains of neck and bilateral upper extremity pain. He recently had a Prednisone taper and does note some degree of relief in his arms. He has moderate-to-severe left neck pain, rated 8-9 out of 10. He notes that his medications are effective in reducing his pain more than 50%. The physical examination reveals bilateral cervical rotation of 75 degrees, flexion 20 degrees, and extension 5 degrees. There is tenderness over the left mid-cervical facets and paraspinal musculature. The current medications are Naproxen, Neurontin, and Menthoderm. Treatment to date has included medication management, physical therapy, acupuncture (6 sessions authorized), and home exercise program. Work status is described as temporarily totally disabled. The original utilization review (8-3-2015) partially approved a request for acupuncture 6 sessions (original request was for 8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions of 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: Provider requested initial trial of 8 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.