

Case Number:	CM15-0185873		
Date Assigned:	09/28/2015	Date of Injury:	04/16/2014
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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:

This is a 63 year old male whose date of injury was April 16, 2014. Medical documentation on July 28, 2015 revealed the injured worker was treated for status post left shoulder arthroscopy on January 21, 2015 and cervical spine myospasm. He reported neck pain with radiation of pain to the bilateral arms and had associated numbness and tingling. On physical therapy, his cervical spine examination remained unchanged. An MRI of the cervical spine on July 17, 2015 revealed multi-level disc disease and loss of cervical lordosis. Five sessions of acupuncture for the cervical spine were completed from June 11, 2015 through June 23, 2015. His cervical spine pain level improved from a constant pain level of 7 on a 10-point scale to a constant pain level of 6 on a 10-point scale during the therapy. A request for authorization for acupuncture for the cervical spine at two times a week for three weeks was received on August 20, 2015. On August 27, 2015, the Utilization Review physician determined acupuncture for the cervical spine at two times a week for three weeks was not medically necessary based on CA MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine at 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that eight prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 is not medically necessary.