MAXIMUS Federal Services

Case Number:	CM15-0185932		
Date Assigned:	09/28/2015	Date of Injury:	06/25/2008
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 41-year-old male with a date of injury on 6-25-08. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 8-4-15 reports continued complaints of constant neck pain rated 5 out of 10 with radiation to the shoulders down to the bilateral upper extremities, the left worse than the right. He also has complaints of constant mid back pain rated 3-4 out of 10 and constant low back pain rated 3 out of 10. The pain radiates to the buttocks down to the bilateral lower extremities associated with numbness and tingling. Medications include: Norco, Voltaren XR, and Fiorinal. He reports the selective nerve block to the cervical spine done on 5-26-15 provided 30% improvement. Upon exam, the cervical spine has improved range of motion, orthopedic testing is negative. Upper extremity motor weakness was noted in the left biceps and wrist with slight sensory deficit over the C6 dermatomes. Work status: temporary totally disabled. Request for authorization dated 8-4-15 was made for acupuncture 2 times per week for 4 weeks cervical spine. Utilization review dated 8-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has undergone numerous but unknown amount of acupuncture since at least March 2015. Although acupuncture may be beneficial, additional acupuncture is considered an option, but is not medically necessary.