

Case Number:	CM15-0186537		
Date Assigned:	09/28/2015	Date of Injury:	05/04/2006
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This 66 year old male sustained an industrial injury on 5-4-06. Documentation indicated that the injured worker was receiving treatment for cervicgia. Previous treatment included physical therapy, acupuncture and medications. In a PR-2 dated 5-21-15, the injured worker reported feeling the same, "sometimes worse" sharp neck pain, rated 7 out of 10 of 10 on the visual analog scale associated with numbness and tingling of the hands. The injured worker stated that his pain had been worse over the last month due to his workout at the gym. Physical exam was remarkable for cervical spine with tenderness to palpation over the right trapezius, splenius and semispinalis, range of motion: forward flexion 45 degrees, extension 45 degrees, lateral rotation 60 degrees and lateral bending 45 degrees, positive right Spurling's maneuver, 5 out of 5 upper extremity strength and intact sensation and 2+ deep tendon reflexes to the upper extremities. The treatment plan included refilling Norco, initiating Soma, a trial Medrol, eight sessions of acupuncture and six sessions physical therapy. In a PR-2 dated 7-30-15, the injured worker reported having "some" flare-up of neck pain, rated 7 out of 10, with radiation to the right side inducing lack of sleep. The injured worker reported that he ran out of 10 medications and had a lack of sleep for the last three nights. Physical exam was remarkable for cervical spine with range of motion: forward flexion, extension, lateral bending 45 degrees and lateral rotation 60 degrees. Physical exam was unchanged. The treatment plan included physical therapy, 8 sessions of acupuncture and refills of Norco, soma and Medrol. On 8-19-15, Utilization Review noncertified a request for eight sessions of acupuncture for the chiropractic therapy with evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for the cervical spine with evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 19, 2015 denied the treatment request for eight sessions of acupuncture to the patient's cervical spine citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of treatment included six visits of spray/stretch techniques with taping and manual traction along with the request for acupuncture eight sessions, medications were also prescribed. The medical history also included a prior course of acupuncture visits, eight sessions beginning on 6/8/15 with no documentation subsequent to this application of care establishing evidence of functional improvement. The medical necessity for the additional eight sessions of acupuncture care was not supported by the reviewed medical records or the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.