

Case Number:	CM15-0186872		
Date Assigned:	09/28/2015	Date of Injury:	01/07/2015
Decision Date:	11/06/2015	UR Denial Date:	08/29/2015
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:

The injured worker is a 29 year old male who sustained an industrial injury on 1-7-15. Diagnoses are noted as cervical myalgia, cervical myospasm, cervical radiculitis-neuritis (not otherwise specified), thoracic myalgia, thoracic myospasm, lumbago, lumbar myalgia, lumbar myospasm, and lumbar radiculitis-neuritis. Previous treatment includes physical therapy, 4 sessions of acupuncture- with significant relief reported, MRI-lumbar, X-ray-lumbar, in an initial orthopedic evaluation and request for authorization dated 8-11-15, the primary treating physician notes complaint of intermittent low back, buttocks, legs, and left hip pain. Pain is rated at 4 out of 10 at rest and at 8 out of 10 with activities. He reports pain is associated with locking and swelling. Neck pain is rated at 4 out of 10 at rest and 8 out of 10 with activities and is associated with weakness, numbness, locking, grinding and swelling. Occasional mid back pain is rated at 3 out of 10 at rest and at 7 out of 10 with activities. Physical findings note tenderness, guarding, spasm and decreased range of motion of the cervical and lumbar spine. Seated straight leg raise is positive bilaterally. Decreased motor strength is noted at L4 and L5 dermatomes. Work status is that he is partially disabled with work restrictions. The treatment plan is for a 3.0 Tesla MRI of the cervical spine, acupuncture 2 times a week for 4 weeks for evaluation and treatment of the cervical, thoracic, and lumbar spine, Cyclobenzaprine, Naproxen Sodium, and Pantoprazole. On 8-29-15, the requested treatment of acupuncture, twice a week for 4 weeks (8 sessions), for the cervical, thoracic, and lumbar spine was modified to acupuncture 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 sessions twice a week for 4 weeks for cervical, thoracic, and lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture visits with improvement. Six further visits were approved on 8/29/2015. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.