

Case Number:	CM15-0189831		
Date Assigned:	10/01/2015	Date of Injury:	04/11/2013
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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 67 year old female, who sustained an industrial injury on 04-11-2013. The injured worker is currently able to work full duty and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for neck sprain, cervical strain, thoracic sprain, and degeneration of the cervical spine. Treatment and diagnostics to date has included radiofrequency to left C3, C4, and C5 and 7 acupuncture treatments from 07-21-2015 to 08-11-2015 (session dated 08-04-2015 noted 3 out of 10 pain level prior to treatment and 1 out of 10 after treatment). Current medications include Celebrex and Ultram. After review of progress notes dated 08-12-2015 and 09-11-2015, the injured worker presented for a follow up with continued pain at base of skull down left side of neck into left trapezius muscles. Objective findings included tenderness to palpation to the cervical spine with decreased range of motion and full range of motion to left shoulder with no evidence of impingement or rotator cuff pathology. The Utilization Review with a decision date of 09-18-2015 non-certified the request for acupuncture 3x3 for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 3 weeks: 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 September 18, 2015 denied the treatment request for nine acupuncture visits and management of the patient's cervical spine and left shoulder citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of acupuncture care reflects 15 prior acupuncture sessions to the cervical spine and six acupuncture sessions to the left shoulder, total of 21 visits through the date of the UR determination. The reviewed medical records failed to document clinical evidence of objective improvement, which is the criteria for consideration of requested treatment. The reviewed medical records failed to document clinical evidence of functional gains with the prior 21 visits to the patient's cervical spine and left shoulder or comply with the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. The medical necessity for additional acupuncture care, 9 additional visits was not supported by the reviewed documents or referenced guidelines. Therefore, the request is not medically necessary.