

Case Number:	CM15-0195327		
Date Assigned:	10/09/2015	Date of Injury:	11/27/2012
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, Montana

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 59 year old female, who sustained an industrial injury on 11-27-2012. Medical records indicate the worker is undergoing treatment for cervical radiculitis. A recent progress report dated 8-13-2015, reported the injured worker complained of neck pain. Physical examination revealed cervical (left greater than right) paraspinal tenderness to palpation with restrictions in rotation bilaterally and side bending to the left. Cervical spine magnetic resonance imaging, on 3-18-2015, showed moderate degenerative disc disease with moderate central spinal stenosis and bilateral neural foraminal narrowing. Treatment to date has included an unknown number acupuncture sessions (none since July 2015) that "helped in the past", physical therapy, Naprosyn and Percocet. On 9-2-2015, the Request for Authorization requested Additional acupuncture for the cervical spine, quantity: 12 sessions. On 9-10-2015, the Utilization Review modified the request for Additional acupuncture for the cervical spine, quantity: 12 sessions to 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the cervical spine, quantity: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions for cervical spine which were modified to 2 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records documented that the patient was able to decrease their pain medication with Acupuncture, since then the pain has returned. MTUS guidelines do not support Acupuncture for maintenance care. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.