

Case Number:	CM15-0196181		
Date Assigned:	10/09/2015	Date of Injury:	11/16/2012
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This injured worker is a 66 year old female who reported an industrial injury on 11-16-2012. Her diagnoses, and or impressions, were noted to include: neck pain; cervical myofascial pain; cervicgia. No imaging studies of the cervical spine were noted. Her treatments were noted to include: orthopedic consultation (3-10-15); and medication management with toxicology studies (2-16-15). The progress notes of 9-10-2015 reported complaints which included pain in the neck and right axilla, hands (awaiting surgery), left and right bursae. The objective findings were noted to include: a demonstration, by the injured work, of her injury; no acute distress; and tenderness of the para-cervical and trapezius. The physician's request for treatments was noted to include an acupuncture referral for 8 sessions of acupuncture for the neck, for cervicgia. No Request for Authorization for acupuncture 2 x a week for 4 weeks (8 sessions) for the neck was noted in the medical records provided. The Utilization Review of 9-18-2015 was noted to modify the request for acupuncture 2 x a week for 4 weeks (8 sessions) for the neck, to 6 sessions.

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 Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.