

Case Number:	CM15-0196905		
Date Assigned:	10/12/2015	Date of Injury:	11/15/1966
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
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

Certification(s)/Specialty: 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 49 year old male, who sustained an industrial injury on 11-15-1966. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for cervical impingement status post fusion. Medical records (9-10-2015) indicate the injured worker reported ongoing neck soreness 2 months status post cervical fusion. The physical exam (9-10-2015) reveals decreased sensation at the right C6 (cervical 6) and trigger points at the rhomboid. Diagnostic studies were not included in the provided medical records. Treatment has included pain and anti-epilepsy medication. Per the treating physician (9-10-2015 report), the injured worker was to remain off work. The requested treatments included acupuncture 2 times a week for 6 weeks for the cervical spine. On 9-17-2015, the original utilization review modified a request for acupuncture 2 times a week for 3 weeks for the cervical spine (original request for 2 times a week for 6 weeks).

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 6 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.