

Case Number:	CM15-0197964		
Date Assigned:	10/13/2015	Date of Injury:	11/14/2012
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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:

Then injured worker is a 65 year old male who sustained an industrial injury on 11-14-2012. A review of medical records indicates the injured worker is being treated for chronic low back pain, degenerative lumbar spondylosis, chronic low back pain, myofascial pain syndrome, pain disorder, chronic neck pain, and degenerative cervical spondylosis. Medical records dated 9-15-2015 noted chronic neck and low back pain. Physical examination noted physical restrictions to the waist, torso, spine, right shoulder, and left shoulder. Treatment has included Norco and Ibuprofen. Utilization review form dated 9-24-2015 non-certified acupuncture 12 visits cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 Visits 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: According to the Acupuncture Treatment guidelines recommend acupuncture for chronic pain. It recommends 3-6 visits over 1-2 months to produce functional

improvement. Acupuncture may be extended with documentation of functional improvement. In the report dated 8/23/2015, the provider is requesting 12 acupuncture as a trial for pain control. The request for 12-acupuncture session as a trial exceeds the guidelines recommendation for a trial. Therefore, the provider's request is not medically necessary. 6 acupuncture sessions would be appropriate for the patient at this time.