

Case Number:	CM15-0198293		
Date Assigned:	10/13/2015	Date of Injury:	11/17/1999
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
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:

The injured worker is a 56 year old male who sustained an industrial injury on 11-17-1999. According to a progress report dated 08-31-2015, the injured worker presented with bilateral neck pain left greater than right. Pain was described as shooting, stabbing and stinging. Current medications included Mobic, Lyrica and Ultram. Treatment to date has included medications, trigger point injection, chiropractic care and acupuncture. The injured worker reported 50% reduction in pain x 1 week with acupuncture treatment. The provider did not indicate improvement of activities of daily living with prior acupuncture treatment in the 08-31-2015 progress report. The injured worker had completed six sessions of acupuncture. The last session was done on April 15th. Physical examination of the cervical spine demonstrated tenderness over the paraspinal muscles overlying the facet joint. Trigger points were noted over the upper trapezius muscles on the right side. Muscle spasm was noted over the upper trapezius on both sides. Motor strength was within normal limits except for left hand grip strength was graded 4 out of 5. Diagnoses included bipolar disorder unspecified, neuralgia, cervical spondylosis with myelopathy, degeneration of lumbar intervertebral disc and lumbosacral radiculitis. The treatment plan included trigger point injection, increase Lyrica and acupuncture x 6 sessions to be used as needed over the course of the year. An authorization request dated 08-18-2015 was submitted for review. The requested services included acupuncture x 6 sessions to be used on an as needed basis over the course of a year. On 09-28-2015, Utilization Review non-certified the request for acupuncture quantity 6 and authorized the request for pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with temporary pain reduction. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.