

Case Number:	CM15-0198518		
Date Assigned:	10/13/2015	Date of Injury:	06/18/2009
Decision Date:	11/30/2015	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, 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 66 year old male, who sustained an industrial-work injury on 6-18-09. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, cervical pain, and cervical degenerative disc disease (DDD). Treatment to date has included pain medication Norco, Duragesic, Gabapentin, cervical epidural steroid injection (ESI) times 2 the last done 2-2-15 with increased pain, lumbar epidural steroid injection (ESI), previous acupuncture (unknown amount). Medical records dated (6-4-15 to 9-3-15) indicate that the injured worker complains of achiness and soreness through the neck which wax and wane but is managed at some level and stable with pain medications however he does feel that symptoms are increasing as they have in the past prior to receiving epidural steroid injection (ESI). He reports functional improvement and pain relief with acupuncture. He is requesting additional acupuncture due to increasing pain. Per the treating physician report dated 9-3-15 the injured worker has not returned to work. The physical exam dated 9-3-15 reveals that the injured worker is able to move the neck near full range of motion with tightness and stiffness upon palpation. The requested service included 8 Acupuncture sessions. The original Utilization review dated 9-24-15 non-certified the request for 8 Acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture 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 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.