

Case Number:	CM15-0203692		
Date Assigned:	10/20/2015	Date of Injury:	02/19/2015
Decision Date:	12/02/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This 44 year old man sustained an industrial injury on 2-19-2015. Evaluations include cervical spine x-rays dated 2-20-2015, left shoulder x-rays dated 4-21-2015, left shoulder MRI dated 6-22-2015, and electromyogram and nerve conduction studies of the bilateral upper extremities dated 7-27-2015. Diagnoses include post concussive syndrome, cognitive deficits, tension headache, nausea, cervical radiculitis, and left shoulder tendonitis. Treatment has included oral medications. Physician notes dated 8-4-2015 show complaints of bilateral hand numbness with bilateral hand twitching and spasms, new radial pain over the right index finger at the metacarpophalangeal joint and problems with memory and thought processing. The physical examination shows no deficit in short or long term memory, "mild" limitation in active range of motion of the neck on all planes, tightness in the cervical paraspinal muscles with end range rotation and tenderness to palpation, "mild limitation" in range of motion to the bilateral shoulders, point tenderness at the left subacromial space and bicipital groove, normal strength and sensation of the bilateral upper extremities, and deep tendon reflexes noted to be 2 out of 4. Recommendations include additional acupuncture and continue cognitive rehabilitation. Utilization Review denied a request for additional acupuncture on 10-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits for cervical spine and headache: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 8, a number that exceeds the guidelines criteria without a medical reasoning to support such a request. Therefore, the additional acupuncture is not medically necessary.