

Case Number:	CM15-0204277		
Date Assigned:	10/21/2015	Date of Injury:	05/07/2013
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 65 year old female, who sustained an industrial injury on 5-07-2013. The injured worker is being treated for cervicalgia and lumbago. Treatment to date has included diagnostics, medications, physical therapy, bracing, chiropractic treatment, home exercise, psychological evaluation and counseling, massage, activity modification and acupuncture. She has received 4 sessions of acupuncture for her neck and bilateral shoulder pain as of 8-28-2015. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for orthopedic reevaluation. She reported increasing pain in the right shoulder, constant pain in both shoulders, right greater than left, constant pain in the cervical spine with radiation to the upper extremities and constant pain in the low back. Objective findings included palpable paravertebral muscle tenderness with spasm of the cervical and lumbar spine. Per the acupuncture note dated 8-28-2015 (visit #4) she reported a decrease in her pain level in the neck and shoulders. She rated her neck pain as 5 out of 10, a decrease from 7 out of 10 at her initial visit on 8-07-2015. Work status was full time without restrictions. The plan of care included additional acupuncture. Authorization was requested on 9-11-2015 for acupuncture for the cervical and lumbar spine (2x4). On 9-18-2015, Utilization Review non-certified the request for acupuncture for the cervical and lumbar spine (2x4).

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 4 weeks for the cervical and lumbar spine: 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. On 09/18/15, provider requested additional 8 acupuncture sessions for cervical and lumbar spine which were non-certified by the utilization review. On 09/30/15, Utilization review certified 4 acupuncture sessions for cervical and lumbar spine. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits on 09/18/15 exceed the quantity supported by cited guidelines. Additional visits may be certified if the patient has documented objective functional improvement. 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 for cervical and lumbar spine are not medically necessary.