

Case Number:	CM15-0021093		
Date Assigned:	02/10/2015	Date of Injury:	06/10/2013
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 67 year old female, who sustained an industrial injury on 06/10/2013. She has reported subsequent neck, left upper extremity, leg and lower back pain and was diagnosed with degenerative intervertebral disc disease with left cervical radiculopathy, status post cervical fusion, lumbar intervertebral disc disease, left shoulder occult subluxation and Raynaud's disease. Treatment to date has included oral pain medication, physical therapy and surgery. In a QME report dated 12/09/2014, the injured worker complained of continued neck, left shoulder, lower back and bilateral leg pain. Neck pain was rated as 5-8/10. Objective physical examination findings of the cervical spine were notable for positive Spurling's vertical compression test with radiation to the left shoulder and reduced range of motion. A request for authorization of 12 visits of acupuncture of the cervical spine was made. On 01/28/2015, Utilization Review modified a request for acupuncture of the cervical spine from twice weekly x 6 weeks to once weekly x 6 weeks, noting that the request exceeded guidelines for acupuncture. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment Twice Weekly for 6 Weeks to The Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care, amongst others) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.