

Case Number:	CM15-0024005		
Date Assigned:	02/23/2015	Date of Injury:	08/07/2011
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 40 year old male, who sustained an industrial injury on 08/07/2011. On provider visit dated 10/15/2014 the injured worker has reported neck and back pain. On examination, she was noted to have tenderness to palpation of cervical and lumbar paraspinal musculature and a decreased range of motion at cervical spine. The diagnoses have included degeneration cervical disc and sprain/strain lumbar region. Treatment to date has included medication, and MRI of the spine. The utilization appeal dated 02/03/15, patient reports excellent analgesia with the use of acupuncture with functional benefit of allowing him to work full time with decreased pain. He has been able to tolerate this well with the help of acupuncture. He states that acupuncture did help to decrease his pain from 7/10-4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture to cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior Acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Per utilization appeal dated 02/03/15, patient reports excellent analgesia with the use of acupuncture with functional benefit of allowing him to work full time with decreased pain. He has been able to tolerate this well with the help of acupuncture. He states that acupuncture did help to decrease his pain from 7/10-4/10. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.

12 sessions of acupuncture to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior Acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Per utilization appeal dated 02/03/15, patient reports excellent analgesia with the use of acupuncture with functional benefit of allowing him to work full time with decreased pain. He has been able to tolerate this well with the help of acupuncture. He states that acupuncture did help to decrease his pain from 7/10-4/10. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.