

Case Number:	CM15-0029282		
Date Assigned:	02/23/2015	Date of Injury:	08/12/2010
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 62-year-old male with an industrial injury dated August 12, 2010. The injured worker diagnoses include cervical spondylosis without myelopathy and spondylosis thoracic. He has been treated with cervical epidural steroid injection, prescribed medications, acupuncture, physical therapy, massage therapy, and periodic follow up visits. According to the progress note dated January 15, 2015, the injured worker reported chronic neck and upper back pain. Documentation noted that the injured worker would like a repeat of trial acupuncture to relieve some of the tension in the cervical and trapezii muscles. The treating physician prescribed services for twelve acupuncture sessions for the neck between 1/21/2015 and 3/7/2015. Utilization Review determination on January 23, 2015 denied the request for twelve acupuncture sessions for the neck between 1/21/2015 and 3/7/2015, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. The provider stated that the patient had acupuncture sessions in the past. There was no documentation of functional improvement from acupuncture. Therefore, the provider's request for 12 acupuncture sessions to the neck is not medically necessary at this time.