

Case Number:	CM15-0211053		
Date Assigned:	10/29/2015	Date of Injury:	01/18/2000
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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 56 year old male injured worker suffered an industrial injury on 1-18-2000. The diagnoses included neck pain, lumbar spondylosis and disc degeneration. On 5-5-2015 the provider reported neck and back pain and started to have headaches. The back pain radiated to the right thigh with numbness in the right lower extremity. The neck pain had associated symptoms of tingling around the right shoulder blade. The medications used were Norco and Flexeril. On exam the cervical spine had decreased range of motion with tenderness. The lumbar spine was tender with spasms along with decreased range of motion. A Request for Authorization 5-5-2015 was for acupuncture was submitted at that visit. The documentation provided did not include any other medical record. There was no evidence of acupuncture being performed or the outcome thereafter nor was there any justification for the acupuncture extension. Diagnostics included cervical 1-13-2005 and lumbar 3-24-2005 magnetic resonance imaging. Request for Authorization date was 6-22-2015. Utilization Review on 9-30-2015 determined non-certification for extension of Acupuncture one time a week for 6 weeks in treatment of the cervical and lumbar spine Quantity: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for 6 weeks in treatment of the cervical and lumbar spine
Quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of 9/30/15 denied the treatment request for six acupuncture visits, one visit per week for six weeks in the treatment of cervical and lumbar spine residuals citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect prior acupuncture care, medication, physical therapy and home cervical traction. The patient's prior medical history of acupuncture include six visits to the cervical and lumbar spine with no subsequent documentation of functional improvement required by CA MTUS acupuncture treatment guidelines. The medical necessity for additional treatment as requested, six visits to the cervical and lumbar spine is not supported by the reviewed records or referenced CA MTUS acupuncture treatment guidelines.