

Case Number:	CM15-0211343		
Date Assigned:	10/30/2015	Date of Injury:	08/22/2014
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
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 injured worker is a 54 year old female, who sustained an industrial injury on 8-22-14. The injured worker was being treated for cervical disc displacement, cervical brachial syndrome and encounter for long term use of medications. On 9-24-15, the injured worker complains of stabbing and burning neck pain which is improved with exercise. She rates the pain 4-9 out of 10. Work status is full time with modifications. Physical exam performed on 9-24-15 revealed restricted cervical range of motion and spasm, tenderness and tight muscle band on bilateral paravertebral muscles. The claimant has found acupuncture beneficial in the past and helped decrease pain level. MRI of cervical spine performed on 11-21-14 revealed multilevel arthropathy, moderate C5 degenerative disc disease, central 2-3 mm C6-7 disc protrusion and absent lordosis. Treatment to date has included physical therapy, home exercise program and activity modification. It is unclear if the injured worker has previously received acupuncture treatment. The treatment plan included acupuncture 2 times a week for 3 weeks. On 10-6-15 request for acupuncture 2 times a week for 3 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture (2x3), cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.