

Case Number:	CM15-0215746		
Date Assigned:	11/06/2015	Date of Injury:	01/08/2015
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This injured worker is a 35 year old female who reported an industrial injury on 1-8-2015. Her diagnoses, and or impressions, were noted to include: cervical spine disc protrusion with left upper extremity radiculopathy; and cervical radiculopathy. No imaging studies were noted; MRI of the cervical spine was said to have been done on 7-28-2014, noting multi-level disc herniations with partial effacement and mild narrowing, and straightening of the cervical spine lordosis. Her treatments were noted to include: an agreed medical evaluation on 5-27-2015; a comprehensive agreed medical examiner orthopedic report on 6-29-2015; cervical epidural steroid injection (CESI); physical therapy (Jan. - Feb., 2015); and modified work duties. The progress notes of 9-22-2015 were hand written and difficult to decipher, but were noted to report complaints for neck pain, left arm pain, and "CESI (illegible). The objective findings were noted for tenderness to the para-spinal with decreased range-of-motion primary to pain. The physician's requests for treatment were noted to include acupuncture, 2 x 4, for the cervical spine. No Request for Authorization was noted for acupuncture, 2 x 4, for the cervical spine, however a Request for Authorization, dated 6-9-2015, was for acupuncture therapy to evaluate and treat the cervical spine, 2 x a week x 3 weeks. The Utilization Review of 10-12-2015 non-certified the request for acupuncture treatments for the cervical spine, 2 x a week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care, 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 8 sessions, number of visits that exceeds the guidelines criteria without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.