

Case Number:	CM15-0222625		
Date Assigned:	11/18/2015	Date of Injury:	11/27/2012
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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(n) 59 year old female, who sustained an industrial injury on 11-27-12. The injured worker was diagnosed as having cervical radiculitis. Subjective findings (8-13-15 and 9-28-15) indicated continued neck pain, headaches and difficulty sleeping related to cervicothoracic pain. She had two sessions of acupuncture and was able to stop most of her medications. However, she has not had acupuncture in five weeks and reports her symptoms have returned. Objective findings (8-13-15 and 9-28-15) revealed bilateral cervical paraspinal tenderness to palpation and intact sensory to light touch in all dermatomes. As of the PR2 dated 10-13-15, the injured worker reports periodic acupuncture at the rate of around 2 sessions a month keep her out of pain and from using any opioid medications. Objective findings include bilateral cervical paraspinal tenderness to palpation with restriction in mostly rotation bilaterally due to pain and intact sensory to light touch in all dermatomes. Treatment to date has included acupuncture (number of sessions not documented), an EMG-NCV of the upper extremities on 6-24-15 showing mild carpal tunnel syndrome, Naprosyn, Percocet and Tylenol #3. The Utilization Review dated 10-29-15, non-certified the request for acupuncture x 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of October 29, 2015 denied the treatment request for 12 additional acupuncture visits to the patient's cervical spine citing CA MTUS acupuncture treatment guidelines. The reviewed medical records of care provided before this request reflect a prior course of acupuncture management for the patient cervical spine leaving it unclear the number of completed sessions or if any functional improvement had been documented. The CA MTUS acupuncture treatment guidelines prerequisites for consideration of additional care, in this case an additional 12 sessions, is documentation of functional improvement, which was not provided. The medical necessity for additional treatment was not supported by reviewed records or compliance with the prerequisites for care per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.