

Case Number:	CM15-0223390		
Date Assigned:	11/19/2015	Date of Injury:	09/01/1997
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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:

This is a female with a date of injury of September 1, 1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine and trapezial sprain and strain. Medical records dated June 19, 2015 indicate that the injured worker complained of cervical and trapezial muscle pain increased over the past few weeks. A progress note dated October 16, 2015 documented complaints similar to those reported on June 19, 2015. The physical exam dated June 19, 2015 reveals tenderness to palpation of the cervical spine over the trapezius muscles, and pain with range of motion. The progress note dated October 16, 2015 documented a physical examination that showed no change since the examination performed on June 19, 2015. Treatment has included medications (Ultram), and an unknown number of acupuncture sessions with reported positive response (decrease in pain and increase in ability to perform activities of daily living). The injured worker's work status was not documented in the submitted records. The utilization review (October 26, 2015) non-certified a request for six sessions of acupuncture for the neck and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 (Neck and upper back): 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: 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 with pain reduction and increased activities of daily living. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.