

Case Number:	CM15-0032247		
Date Assigned:	02/25/2015	Date of Injury:	08/22/2014
Decision Date:	10/29/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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 31 year old male, who sustained an industrial-work injury on 8-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic headaches, cervical strain and sprain, lumbar strain and sprain, and chest pain. Medical records dated (11-24-14 to 1-22-15) indicate that the injured worker complains of intermittent moderate neck and mid back pain headaches and chest pain. He also reports neuropathic pain with numbness, burning and tingling down both legs and arms. The pain is rated 7 to 8 out of 10 on pain scale per progress note dated 9-29-14. Per the treating physician report dated 1-22-15 the injured worker may return to work with restrictions limited to sedentary work if not available then temporary total disability and return for follow up on 2-19-15. The physical exam dated (10-16-14 to 1-22-15) reveals cervical spine tenderness to palpation about the paracervical and trapezius musculature. There is restricted range of motion secondary to pain. There is also muscle spasm noted. Treatment to date has included pain medication, rest, physical therapy at least 6 sessions, and other modalities. Magnetic resonance imaging (MRI) of the cervical spine dated 10-22-14 reveals disk bulge at L4-5 and hypertrophic facet degenerative changes bilaterally. The request for authorization date was 1-26-15 and requested service included Acupuncture 2 times a week for 4 weeks to the head. The original Utilization review dated 2-2-15 non-certified the request as there is no indication for acupuncture for head pain, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to the head: 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 provider reported that the patient was undergoing treatment for post-traumatic headaches, cervical strain and sprain, lumbar strain and sprain, and chest pain. The patient's past treatments included pain medication, rest, physical therapy at least 6 sessions, and other modalities. There was no evidence of prior acupuncture therapy. The Acupuncture Treatment Guideline recommends 3-6 sessions over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Based on the submitted documents, it appears that a trial of acupuncture appears to be appropriate at this time. However, the provider's request for 8 acupuncture session exceeds the guidelines for an initial trial. Therefore, the provider's request is not medically necessary at this time. Six sessions would be appropriate for the patient to demonstrate functional improvement.