

Case Number:	CM15-0033495		
Date Assigned:	02/27/2015	Date of Injury:	01/20/1999
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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 50-year-old female, with a reported date of injury of 01/20/1999. The diagnoses include cervical degenerative disc disease, postlaminectomy syndrome of the lumbar region, lumbosacral neuritis or radiculitis, low back pain, chronic pain syndrome, myalgia and myositis, and lumbar degenerative disc disease with radiculopathy. Treatments have included epidural injections, oral medications, a computerized tomography (CT) scan of the cervical spine on 05/31/2013, an MRI of the cervical spine on 11/22/2009, and MRI of the lumbar spine on 02/06/2006. The progress report dated 02/04/2015 indicates that the injured worker had chronic neck and back pain. She stated that she was not able to do any more epidurals because of an increased sugar level. Her head pain and muscle pain became very severe. The neck pain radiated to the hand. The injured worker rated her pain 9 out of 10 without medication and 8 out of 10 with medications. The objective findings included mild tenderness over the bilateral trapezii and interscapular area, moderate tenderness over the left interscalene and left levator scapula, restricted cervical range of motion, diffuse tenderness to palpation moderately across the lumbosacral area extending to the bilateral sacroiliac joints, positive straight leg raise test, and restricted lumbar range of motion. The treating physician requested six acupuncture sessions for the cervical spine for pain. On 02/12/2015, Utilization Review (UR) denied the request for six acupuncture sessions for the cervical spine, noting there was no documentation of appropriate, adequate first-line conservative therapy prior to the use of acupuncture. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture for the cervical spine 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture or if the request is for initial trial of care. Provider requested 6 acupuncture sessions for cervical spine which were non-certified by the utilization review. ACOEM guidelines do not recommend acupuncture for cervical spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.