

Case Number:	CM15-0035678		
Date Assigned:	03/04/2015	Date of Injury:	02/14/2011
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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 57 year old male, who sustained an industrial injury on February 14, 2011. He reported neck and low back injury. The injured worker was diagnosed as having lumbar spine degenerative disc disease, cervical facet syndrome, cervical pain, cervical radiculopathy, knee pain, and lumbar radiculopathy. Treatment to date has included medications, and imaging. Currently, the injured worker complains of neck pain and lower back pain. On February 12, 2015, he rates his pain with medications as 8/10 on a pain scale, and without medications as 10/10. He denies any new issues, and indicates his sleep quality to be poor. He reports having been able to improve his diet, and increase his level of physical activity. He indicates his medication regimen works well. Physical findings revealed are a restricted range of motion of the neck. Range of motion of the neck is: flexion 20 degrees, extension 15 degrees, right/left lateral bending are 10 degrees, and right/left lateral rotation are 40 degrees. Testing reveals a positive Spurling's maneuver. There are noted surgical scars on the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.