

Case Number:	CM15-0037773		
Date Assigned:	03/06/2015	Date of Injury:	06/30/2009
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 74 year old female, who sustained an industrial injury on June 30, 2009. The diagnoses have included chondromalacia and cervical and lumbar discopathy. A progress note dated February 2, 2015 provided the injured worker complains of neck pain and arm numbness and tingling and back pain. Physical exam notes cervical tenderness with spasm and wrist tenderness. The plan is for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly, cervical spine, Qty 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The report dated 02/02/15 by [REDACTED] is handwritten and difficult to interpret. It states the patient presents with neck pain with upper extremity numbness and tingling. Examination shows spasm and tenderness in the cervical spine. Other examination findings and

the diagnosis is illegible. The 11/25/14 report by [REDACTED] includes a listed diagnosis of Cervical spine discopathy. The current request is for ACUPUNCTURE TWICE WEEKLY, CERVICAL SPINE, QTY 8 per the 02/02/15 report. The RFA is not included. The patient is not working. 9792.24.1 Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The 02/09/15 report by [REDACTED] states the patient's level of pain should allow for acupuncture treatment and that guidelines allow this treatment in conjunction with Physical Therapy and Home Exercise. There is no evidence of prior Acupuncture treatment for this patient, and it appears this request is for an initial trial. The patient may benefit from a course of the requested treatment. However, guidelines allow an initial trial of 3-6 treatments with additional visits with evidence of functional improvement. This request is for 8 sessions. Therefore, the request IS NOT medically necessary.