

Case Number:	CM15-0040310		
Date Assigned:	03/10/2015	Date of Injury:	09/09/2014
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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 48 year old male, who sustained an industrial injury on 9/9/14. The injured worker has complaints of constant minimal pull neck pain, aggravated by cold weather and repetitive movement. The diagnoses have included cervicalgia; headache-cephalgia; multi-level disc bulge; lumbago; lumbar facet hypertrophy; pain in joint involving lower leg; right knee pain and right ankle pain. Magnetic Resonance Imaging (MRI) right knee was done on 10/30/14 and Lumbar spine was done on 10/31/14. The PR2 dated 1/13/15 has requested treatment is for Acupuncture 2 Times a Week for 6 Weeks, Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week for 6 Weeks, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic neck pain which was aggravated by cold weather and repetitive movement. The Acupuncture Medical Treatment guidelines recommend

acupuncture for pain. It recommends an initial trial of 3-6 visits over 1-3 times per week over 1-2 months to produce functional improvement. The patient was authorized 6 out of the 12 requested acupuncture session, which is consistent with the acupuncture medical treatment guidelines. The provider's request for 12 acupuncture sessions exceeds the guidelines recommendation and therefore the provider's request is not necessary at this time.