

Case Number:	CM15-0040529		
Date Assigned:	03/10/2015	Date of Injury:	05/25/2004
Decision Date:	04/20/2015	UR Denial Date:	02/28/2015
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 58 year old female, who sustained an industrial injury on 5/25/2004. She was diagnosed as having neck pain with cervical radiculopathy. Treatment to date has included epidurogram and epidural steroid injection (ESI) (12/10/2014), medications, diagnostics and acupuncture. Per the Primary Treating Physician's Progress Report dated 12/02/2014, the injured worker reported increasing pain to the neck in addition to stiffness. Physical examination revealed cervical range of motion moderately limited to extension with pain. There is tenderness to pressure bilaterally paraspinaly in the mid to upper cervical region. Spurling's test is positive on the left, localizing to neck pain. Motor strength is decreased mildly to left grip and left triceps. Sensation of the bilateral upper extremities is within normal limits. The plan of care included continuation of medications, additional acupuncture, cervical ESI and consultation with a spine surgeon. Authorization was requested for 6 (2x3) additional acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture treatments for the cervical spine, two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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.