

Case Number:	CM15-0044817		
Date Assigned:	03/16/2015	Date of Injury:	03/06/2006
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 64-year-old male, who sustained an industrial injury on 03/06/2006. He reported that he sustained an injury to the neck secondary to repetitive use of equipment that caused a bounce motion of the injured worker that moved him from side to side and up and down. The injured worker was diagnosed as having chronic musculoligamentous sprain to the cervical spine and cervical disc protrusions at cervical three to four, cervical four to five, cervical five to six, and cervical six to seven. Treatment to date has included acupuncture and medication regimen. In a progress note dated 08/25/2014 the treating provider reports complaints of sharp, stabbing pain to the neck with a pain rating of an eight out ten. The treating physician noted that the injured worker's pain rating is a two out of ten with acupuncture. On 02/12/2015, the treating acupuncturist requested 12 visits of acupuncture noting that the injured worker has less pain from previous acupuncture treatments and recommends that the injured worker be seen on a long-term basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The guidelines also could support additional care based on the functional improvement(s) obtained/documentated with previous care. After an unknown number of prior acupuncture visits rendered in the past (reported as beneficial in symptom-medication reduction-function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned the additional acupuncture x 12 is not supported for medical necessity.