

Case Number:	CM15-0045930		
Date Assigned:	03/18/2015	Date of Injury:	07/02/2014
Decision Date:	04/20/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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:

This 58 year old male sustained a work related injury on 07/02/2014. According to a progress report dated 02/19/2015, subjective complaints included cervical and right upper extremity pain, paresthesias and weakness. Pain was rated 10 on a scale of 1-10. Gabapentin decreased pain to a 6. Acupuncture was noted to be effective for pain of the lumbar spine. Diagnoses included cervical radiculopathy, lumbar degenerative disc disease and lumbar radiculitis. The provider requested 6 sessions of acupuncture for the lumbar spine for pain control. According to the provider, the injured worker had not completed acupuncture. The provider noted that the injured worker had completed 2 of 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 x 3 for cervical and 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also, the guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. At least 4 acupuncture sessions were rendered in the past without documentation of any objective functional improvement obtained with previous acupuncture to support the medical necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not supported for medical necessity.