

Case Number:	CM15-0047006		
Date Assigned:	03/19/2015	Date of Injury:	06/25/2008
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 was a 41 year old male, who sustained an industrial injury, June 25, 2008. The injured worker previously received the following treatments Norco, Voltaren XL, Florinal and topical creams for pain, home exercise program, acupuncture, psychiatric intervention, Buspar, Alprazolam, Prosom, Venlafaxine, x-ray cervical spine, CT scan of the cervical spine and toxicology laboratory studies. The injured worker was diagnosed with major depression, cervical surgery, transitional syndrome with stenosis and disc protrusion of C4-C5, sleep disorder; anxiety and status post multiple surgeries. According to progress note of February 17, 2015, the injured workers chief complaint was constant moderate headaches 4-5 out of 10; 0 being no pain and 10 being the worse pain and constant moderately severe neck pain rated 6 out of 10 with radiation in the bilateral shoulders, more on the left than the right and sharp pain radiates down the left arm. The injured worker was also complaining of low back pain, rated 3 out of 10 with radiation to the right lower extremity with associated with numbness and tingling sensation. The physical exam noted limited range of motion. Orthopedic testing revealed a positive Spurling's test. There was upper extremity weakness noted over the left sided biceps and wrist extensor motor groups. There were sensory deficits noted over the left C6 dermatome and left brachioradialis deep tendon reflex was absent. The treatment plan included acupuncture 1 times a week for 4 weeks to the cervical spine and left upper arm on February 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week x 4 weeks Cervical Spine and Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.