

Case Number:	CM15-0049873		
Date Assigned:	03/23/2015	Date of Injury:	03/02/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 36 year old female, who sustained an industrial injury on 3/2/14. The injured worker has complaints of neck pain and spasms. The diagnoses have included strain, cervical spine and cervical disc pathology. Treatment to date has included acupuncture; physical therapy; Magnetic Resonance Imaging (MRI) of the cervical spine which was obtained on 5/6/14; home exercise program and medications. The request was for acupuncture 3 times per week for 4 weeks to bilateral shoulders and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per week for 4 weeks to bilateral shoulders and cervical 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. They also state 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." Despite that 24 acupuncture sessions already rendered were reported as beneficial in reducing symptoms and medication intake, no baselines or specifics on the benefits obtained were afforded documented. As no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided, the request for additional acupuncture does not meet the guidelines criteria. In addition, the request is for acupuncture x 12, a number that exceeds significantly the guidelines without a medical reasoning to support such a request. Therefore, the additional acupuncture x 12 is not medically necessary.