

Case Number:	CM15-0052414		
Date Assigned:	04/09/2015	Date of Injury:	10/11/2013
Decision Date:	05/07/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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 64 year old male, who sustained an industrial injury on 10/13/2013 reporting back pain as a result of slipping and falling. On provider visit dated 01/09/2015 the injured worker has reported several headaches per week. On examination of the head noted enlargement of the tongue on oropharyngeal examination. The diagnoses have included post-traumatic cephalgia. Treatment to date has included medication. The provider requested acupuncture to cervical/thoracic spine 2x3 on another date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical/thoracic spine 2 times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. According to the report dated 12/22/2014, the provider reported that acupuncture was initiated noting temporary benefit. There

was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 acupuncture session to the cervical and thoracic spine is not medically necessary at this time.