

Case Number:	CM15-0056737		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2014
Decision Date:	08/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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 49 year old female who sustained an industrial injury on 12/04/2014 when she tripped and fell down stairs. The injured worker was diagnosed with cervical strain, cervicgia, headaches, trapezius strain and rhomboid strain. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on March 4, 2015, the injured worker continues to experience pain in the cervical spine. The injured worker rates her pain level at 8-9/10. Examination demonstrated tenderness to palpation over the cervical paraspinal, trapezius and rhomboid muscles. Trigger points were noted in six distinct muscle groups of the cervical spine. There was limited range of motion secondary to pain documented at forward flexion of 20 degrees, extension at 20 degrees and lateral rotation and lateral flexion within normal limits. Spurling test was negative. Thoracic spine was grossly normal. Sensory, deep tendon reflexes and motor strength were within normal limits. Phalen's, Tinel's and Finkelstein's test were negative bilaterally. Current medications are listed as Nabumetone, Meclizine and Acetaminophen. Treatment plan consists of chiropractic therapy and the current request for acupuncture therapy 3 times a week for 2 weeks to the head, legs and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 3 times a week for 2 weeks to the head, legs and back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. There were numerous requests for acupuncture in the submitted documents; however, there was no evidence that the patient received acupuncture treatments. Therefore, based on the submitted documents, it is best to evaluate the provider's request as an initial trial for which the guidelines recommend 3-6 sessions. The providers request for 6 acupuncture session is consistent with the guidelines for an initial trial and therefore is medically necessary and appropriate at this time. Additional acupuncture sessions may be warranted with documentation of functional improvement.