

Case Number:	CM15-0059897		
Date Assigned:	04/06/2015	Date of Injury:	08/24/2011
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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 65 year old male, who sustained an industrial injury on August 24, 2011. The injured worker had reported head, neck and left ankle pain related to a fall. The diagnoses have included cervical spine herniated nucleus pulposus, cervical spine stenosis, radiculopathy of the cervical spine, lumbar sprain/strain, ankle sprain/strain, displacement intervertebral disc without myelopathy, site unspecified and headaches. Treatment to date has included medications, chiropractic treatments, spinal injections and left ankle surgery. Current documentation dated February 25, 2105 notes that the injured worker reported constant neck pain with numbness and tingling into his right middle finger. The pain was rated an eight-nine out of ten on the visual analogue scale. The injured worker also reported headaches, left ankle pain and low back pain. The documentation notes that the injured workers neck and left ankle pain had worsened. Physical examination of the cervical spine revealed tenderness to palpation, muscle spasms and a decreased range of motion. Examination of the left ankle revealed a deformity, tenderness to palpation and a decreased range of motion. The treating physician's plan of care included a request for acupuncture treatments # 6 to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Cervical Spine, three times a week for two weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted records, there is no evidence of prior acupuncture treatments. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits. The provider's request for 6 acupuncture sessions to the cervical spine is consistent with the guidelines recommendation for an initial acupuncture trial. Therefore, the provider's request is medically necessary at this time. Additional acupuncture beyond the 6 sessions is recommended with documentation of functional improvement.