

Case Number:	CM15-0060731		
Date Assigned:	04/07/2015	Date of Injury:	08/15/1997
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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 54-year-old male who sustained an industrial injury on 08/15/1997. Diagnoses include cervical strain, status post anterior cervical decompression and fusion/cervical, chronic cervical pain with no verifiable radicular complaints, remote lumbar strain and contusion, lumbar pain and non-verifiable radicular complaints, reactive depression, opiate dependence for pain management, spinal cord stimulator removal with retained paddle, wound infection and depression. Treatment to date has included medications, spinal cord stimulator, epidural steroid injections, physical therapy, home exercise program, and acupuncture. A physician progress note dated 02/18/2015 documents the injured worker rates his neck pain as 6 out of 10. Neck pain radiates to his left upper arm. Seizure medications have been stopped. He has weaned off Methadone and Hydrocodone but following the stimulator, removal has been using hydrocodone 4 times a day. On examination, cervical extension motion and rotational motions are impaired. Treatment requested is for 6 acupuncture visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. Based on the submitted documents, the patient experienced neck and low back pain. There was no documentation of prior acupuncture treatments. Therefore, a trial may be necessary at this time. The provider's request for 6 acupuncture sessions for the cervical spine is consistent with the guidelines for an initial trial. Therefore, the provider's request for 6-acupuncture session is medically necessary at this time.