

Case Number:	CM15-0082514		
Date Assigned:	05/04/2015	Date of Injury:	01/27/2015
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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 21 year old male, who sustained an industrial injury on 01/27/2015. He reported head and neck pain after an altercation. The injured worker is currently diagnosed as having cervical sprain/strain rule out radiculopathy. Treatment and diagnostics to date has included medications. In a progress note dated 02/19/2015, the injured worker presented with complaints of frequent headaches, trouble sleeping, and neck pain. The treating physician reported requesting authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Cervical 2 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management would have been reasonable and supported by the

guidelines-MTUS. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity. Therefore the request is not medically necessary.