

Case Number:	CM15-0084730		
Date Assigned:	05/07/2015	Date of Injury:	10/22/2003
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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 61 year old female, who sustained an industrial injury on October 22, 2003. The mechanism of injury was not provided. The injured worker has been treated for neck and right shoulder complaints. The diagnoses have included chronic neck pain, shoulder degenerative joint disease, cervical failed back syndrome, joint pain of the shoulder and cervical spondylosis. Treatment to date has included medications, radiological studies, acupuncture sessions, cervical discectomy and fusion and a right shoulder arthroscopy. Current documentation dated March 17, 2015 notes that the injured worker reported increasing neck pain and right shoulder pain. The pain was characterized as aching, annoying, radiating, sore and severe. The pain was rated a five out of ten on the visual analogue scale. Examination revealed the cervical spine to be non-tender. Sensation of the upper extremities was noted to be grossly intact. The injured worker was receiving acupuncture treatments and stated that the acupuncture treatments did provide her with a measure of pain relief and preservation of functional capacity. The treating physician's plan of care included a request for acupuncture sessions # 6 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 12 weeks for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions, which were modified to 6 by the utilization review. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake which were documented in the provided medical records. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. At the time utilization reviewer has authorized 6 visits, additional visits may be authorized with documentation of objective functional improvement. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.