

Case Number:	CM15-0086944		
Date Assigned:	05/11/2015	Date of Injury:	10/08/2014
Decision Date:	09/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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 59 year old female with an industrial injury dated 10-08-2014. Her diagnoses included cervical spine sprain-strain with underlying degenerative disc disease, left shoulder sprain-strain, right shoulder sprain-strain and lumbar spine sprain-strain with underlying degenerative disc disease. Prior treatment included physical therapy, TENS unit and medications. She presents on 03-09-2015 with complaints of neck pain, bilateral shoulder pain and low back pain. Physical exam noted muscle spasm over the left paracervical musculature. Range of motion was limited and painful. There was tenderness over the anterior aspect of the left shoulder. Range of motion of the thoracic-lumbar spine was limited and painful. She states her modified duties were not accommodated and her symptoms have significantly increased. She was placed off work for one month. The treatment request is for 12 acupuncture sessions for the cervical spine, once a week for 12 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for the cervical spine, once a week for 12 weeks as an outpatient:

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 significantly symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended for a trial by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.