

Case Number:	CM15-0232225		
Date Assigned:	12/07/2015	Date of Injury:	06/18/2015
Decision Date:	01/12/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/25/2015

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, Montana

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 was a 46 year old female, who sustained an industrial injury on June 18, 2015. The injured worker was undergoing treatment for contusion of head, neck and face, cervical and lumbar strain and or sprain, concussion, status post fall and status post-concussion syndrome. According to the progress note of September 22, 2015, the injured worker was still having headaches and the dizziness continued, but overall better with acupuncture and chiropractic services were helping. The injured worker was able to drive short distances, but continued to get dizzy. The objective findings were normal speech and maintained good eye contact. The short and long term memories appear to be intact. The injured worker walked with a normal gait. According the primary progress note of October 13, 2015, the injured worker reported a 70-80% improvement at this time. According to the acupuncture progress note of October 21, 2015, the injured worker's chief complaint was neck pain, dizziness and headaches. The injured worker reported the pain had significantly improved and requested to continue some treatment for pain management. The objective findings were tenderness at the paracervical spine region. The range of motion of the cervical spine was full. The injured worker previously received the following treatments Norco, Meclizine did not help with the dizziness, CT scan of the brain showed no acute intracranial findings with no acute intracranial hemorrhage or fracture on June 18, 2015, chiropractic services, acupuncture with massage therapy and infrared. The RFA (request for authorization) dated October 21, 2015; the following treatments were requested 6 sessions of acupuncture treatments for the cervical spine. The UR (utilization review board)

denied certification on October 29, 2015; for 6 sessions of acupuncture treatments for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture visits for the cervical spine and head: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for head and cervical spine which were non-certified by the utilization review. Per medical notes dated 10-21-15, "patient states that her pain has significantly improved; she wants to continue the same treatment for her pain management". Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.