MAXIMUS Federal Services

Case Number:	CM14-0148209		
Date Assigned:	09/18/2014	Date of Injury:	12/18/2013
Decision Date:	10/27/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63 year-old male with date of injury 12/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/16/2014, lists subjective complaints as chronic neck pain. Objective findings: Examination of the cervical spine revealed extension was 50% normal and rotation and lateral bending was 25% normal. Patient had pain with extension and rotation of the neck. Tenderness to palpation of the trapezial area. Reflex in the upper extremity was 1+ throughout. Sensation and strength were within normal limits. Diagnosis: 1. Cervical strain 2. Right facet fusion at C2-3 3. Partial right-sided fusion at C5-6 and C6-7 4. Multilevel cervical spondylosis 5. Left paracentral osteophytes at C5-6 and C6-7. Patient underwent a C5-C6 epidural steroid injection on 03/28/2014, and reported minimal temporary improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Twelve acupuncture visits for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy.