

Case Number:	CM14-0211977		
Date Assigned:	01/02/2015	Date of Injury:	01/17/2013
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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:

This 36 year old woman sustained an industrial injury on 1/17/2013 due to cumulative trauma. The mechanism of injury is not detailed. Current diagnoses include cervicgia and thoracic and neck sprains. Treatment has included oral medications, physical therapy, trigger point therapy, electrical stimulation, heat and cold therapy, and cervical traction. Minimal physician notes have been submitted for review. A physician note dated 11/5/2014 is handwritten and difficult to read, however, appears to show stable vital signs, hand grip measurements which show the right side greater than the left, and includes recommendations of DME, initiation of acupuncture, pain referral, and mentions medications, however, it is not clear in which capacity. No medication list is provided. On 12/4/2014, Utilization Review evaluated a prescription for 12 sessions of acupuncture to the bilateral neck and upper back area. The UR physician noted that there was no documentation of intolerance to pain medications, there was no physical therapy or acupuncture evaluations, or results of previous treatments. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks; bilateral neck and [upper back]:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture visits for neck and upper back which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Furthermore Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.