

Case Number:	CM14-0217755		
Date Assigned:	01/07/2015	Date of Injury:	08/13/2014
Decision Date:	03/04/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/29/2014

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 39 year old female was injured on 08/13/2014 while being employed. On physician's progress report dated 11/04/2014 she complained of lower back and neck pain described as frequent, severe to moderate radiating pain. She also complained of hypertension and posterior head pain along with headaches. On examination she was noted to have tenderness to palpation over lumbar spine and cervical spine with a slightly improved range of motion. She was noted to appear depressed and fatigued. Her diagnoses were cervical spine sprain/strain with radiculopathy rule out disc bulge and lumbar spine sprain/strain with radiculopathy rule out disc bulges. She was noted to have had acupuncture in the past with slight improvement therefore additional acupuncture 2 times per week for 2 weeks and if her progress continues to continue treatments 2 times per week for 2 additional weeks totaling 8 visits of Acupuncture was prescribed. There was no clear documentation submitted with this review of number of sessions previously completed of Acupuncture or evidence of measurable functional improvement with previous treatments. The Utilization Review dated 11/28/2014 non-certified the request for 8 acupuncture visits for the cervical & lumbar spine as not medically necessary. The reviewing physician referred to CA MTUS for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture sessions for the cervical and lumbar spine: 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 8 acupuncture treatments for cervical and lumbar spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.