

Case Number:	CM15-0000742		
Date Assigned:	01/29/2015	Date of Injury:	12/07/1999
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/04/2015

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: 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 is a 57 year old female who sustained a work related on December 7, 1999. There was no mechanism of injury documented. The injured worker was diagnosed with degenerative cervical intervertebral disc disorder without myelopathy, cervical radiculopathy, brachial neuritis or radiculitis and cervical brachial syndrome. No past surgical interventions were discussed. Latest magnetic resonance imaging (MRI) was in June 2011. According to the treating physician's progress evaluation on November 28, 2014 the injured worker was experiencing muscle tightness in the back of the neck, right and left trapezius and in the back of the right hand. Current medications include Flector patch and Ultram. Current treatment modalities consist of C7 epidural steroid injection (ESI) on August 19, 2014 with documented 50% reduction in pain for over 5 weeks and acupuncture therapy times 10 sessions. The treating physician requested an Appeal for authorization of Acupuncture times 12 sessions for the cervical spine. On December 26, 2014 the Utilization Review denied certification for Acupuncture times 12 sessions for the cervical spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE x12 SESSIONS FOR CERVICAL 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 12 acupuncture sessions which were non-certified by the utilization review. Medical notes document subjective improvement with treatment; however, there is lack of evidence that prior acupuncture care was of any functional benefit. 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, 12 acupuncture treatments are not medically necessary.