

Case Number:	CM15-0107125		
Date Assigned:	06/11/2015	Date of Injury:	05/25/2011
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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 64-year-old female, who sustained an industrial injury on 5/25/11. She reported neck and back pain. The injured worker was diagnosed as having myofascial pain, cervical spinal stenosis, neck sprain/strain, and chronic pain syndrome. Treatment to date has included acupuncture, which reduced muscle stiffness, improved numbness, increased range of motion, and increased activity tolerance. Other treatment included Voltaren gel, physical therapy, and home exercise. Currently, the injured worker complains of achy and tingling neck and upper back pain. The treating physician requested authorization for acupuncture treatments 2x3 for the neck and upper back. The treating physician noted previous acupuncture has allowed the injured worker to discontinue all oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 3 weeks for the neck and upper back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent over 20 acupuncture sessions in the past, which based on the cervical pain questionnaire dated 02-05-15, resulted in functional gains. The provider requested additional acupuncture on 05-14-15 to continue treating the patient's chronic pain condition. At that time the pain level was reported to be 5/10 (same level as 02-05-15, last acupuncture treatment recorded), the patient was not working, and continued using Voltaren gel for pain control (no intolerance noted). No specific deficits to be addressed by the acupuncture requested were documented. No documentation was included in regards to the whether a home exercise program is in place to stimulate self-reliance. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS; therefore the requested additional acupuncture is not medically necessary.