

Case Number:	CM15-0010823		
Date Assigned:	01/28/2015	Date of Injury:	03/18/2013
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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 an industrial injury on 3/18/13. She has reported injury to neck and right arm. The diagnoses have included cervicgia and status post cervical fusion C4-C7. Treatment to date has included anterior cervical discectomy and fusion of C4-7, physical therapy, home exercise program, chiropractic treatments, Botox injections and medications. Currently, the injured worker complains of increasing spasms. Tenderness is noted over the bilateral cervical paraspinal musculature, bilateral trapezius and base of skull and neck. There is spasm noted over the left trapezius and above the left scapular border. On 1/14/15 Utilization Review non-certified additional acupuncture twice weekly to cervical spine, 8 sessions, noting there is no documentation that acupuncture to the knee was completed, when it was completed or the functional benefit. The MTUS, ACOEM Guidelines, was cited. On 1/20/15, the injured worker submitted an application for IMR for review of additional acupuncture twice weekly to cervical spine, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, twice weekly cervical spine, per 12/17/14 report quantity 8.00:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Patient has had prior Acupuncture treatment. 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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.