

Case Number:	CM15-0013189		
Date Assigned:	01/30/2015	Date of Injury:	08/26/2011
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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 35 year old male who sustained an industrial injury on 08/26/2011. The current diagnoses include cervical sprain/strain neck, strain shoulder, and cervical radiculitis. Treatments to date include medication management, home exercise program, TENS unit, chiropractic therapy, and previous acupuncture. Report dated 12/31/2014 noted that the injured worker presented with complaints that included continued pain in the neck and lower back, pain level was rated as 8 out of 10. The injured worker stated that the previous acupuncture was helpful for about an hour and would like to try it again. The injured worker has received 6 sessions of acupuncture to date according to the documentation received. The physician did not include a detailed physical examination for this date of service. The utilization review performed on 01/12/2015 non-certified a prescription for acupuncture 1 x week x 12 weeks cervical spine, lumbar spine, and right shoulder based on the clinical information submitted medical necessity was not supported. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xWk x 12Wks Cervical Spine, Lumbar Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.