

Case Number:	CM15-0015859		
Date Assigned:	02/04/2015	Date of Injury:	12/26/2003
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/28/2015

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 was a 57 year old female, who sustained an industrial injury, December 26, 2003. According to progress note of December 1, 2014, the injured workers chief complaint was progressive limited range of motion to the neck and arms associated with severe muscle spasms, lumbar degenerative disc disease, cervical fusion November 12, 2012 and L5-S1 disc protrusion. The injured worker was also, experiencing moderate to severe headaches. The tingling and numbness in the cervical region as well as weakness to bilateral arms was progressing while carrying objects, writing or grasping. The injured worker was diagnosed with depression, cervical musculoligamentous injury, lumbar cervical sprain/strain and cervical trigger point. The injured worker previously received the following treatments creams, pain medication, anti-depressants and 10 trigger point injections at separate dates. On December 15, 2014, the primary treating physician requested authorization for acupuncture 2 times a week for 6 weeks to the cervical spine. On January 7, 2015, the UR denied authorization for acupuncture 2 times a week for 6 weeks to the cervical spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guideline recommends a trial of 3-6 treatments with a frequency of 1 to 3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. According to the progress report dated 12/01/2014, the patient was diagnosed with lumbar and cervical sprain strain and cervical trigger points. The patient continued to complain of progressive limited range of motion to the neck with severe muscle spasms. In addition, the patient reported frequent moderate to severe headaches with blurry vision. There was tingling and numbness in the cervical region as well as weakness to the bilateral arms. There was no evidence of acupuncture therapy in the past. Therefore, a trial of acupuncture may be medically necessary. However, the provider's request for acupuncture 2 times a week for 6 weeks exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.