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| Case Number: | CM15-0016048 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 02/13/2013 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/23/2015 |
| 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: 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 42 year old female, who sustained an industrial injury on 2/13/2013. She has reported neck pain and trauma. The diagnoses have included multilevel degenerative cervical disc disease, depression, cervicgia, brachial neuritis or radiculitis and thoracic sprain. Treatment to date has included lumbar pillow, ice, physical therapy, and chiropractic therapy, cognitive behavioral therapy, steroid epidural injection, acupuncture, and home Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the IW complains of continued neck pain with radiation to left cervicobrachial region. On 1/28/15, the provider documented that 6/6 previous acupuncture sessions were completed in December 2014, with relief in symptoms allowing her to continue working. The physical exam was significant for tenderness to palpation, and restricted Range of Motion (ROM) in cervical flexion and extension. The plan of care was for continued acupuncture treatment, with goal of therapy to include decrease pain, reduction in pain medication requirements, and improvement in overall functional capacities. On 1/23/2015 Utilization Review non-certified six (6) acupuncture sessions for the cervical thoracic, noting the documentation failed to include objective functional goals. The MTUS Guidelines were cited. On 1/28/2015, the injured worker submitted an application for IMR for review of six (6) acupuncture sessions for the cervical thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the cervical thoracic spine, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent an injection (cervical epidural steroid injection) on 11/2014 with 50% improvement in pain levels. Overlapping with this care, six acupuncture sessions were performed, with the last session rendered on 12-30-14. The documentation available for review did not describe any improvements that were directly attributable to the acupuncture care. The guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After six prior acupuncture sessions (reported by the provider as beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication (narcotics) and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Consequently, the additional acupuncture requested is not supported for medical necessity.