

Case Number:	CM15-0016800		
Date Assigned:	02/05/2015	Date of Injury:	10/04/2014
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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 53 year old female, who sustained an industrial injury on 10/4/2014. The diagnoses have included status post head trauma, cervical spine musculoligamentous sprain/strain, cervicgia, cervical spine radiculopathy versus radiculitis and lumbago. Treatment to date has included physical therapy and pain medications. According to the progress report dated 12/18/2014, the injured worker complained of constant neck pain rated as 7/10 with radiation of pain to the head, right shoulder and arm with weakness, numbness and tingling sensation. The injured worker complained of constant upper back pain rated 7/10 with numbness, tingling and stabbing sensation. The injured worker was noted to experience difficulty with activities of daily living. Physical exam of the cervical spine revealed tenderness to palpation with spasms. Work status was temporarily totally disabled. Authorization was requested for acupuncture two times a week for six weeks and chiropractic treatment. On 1/7/2015 Utilization Review (UR) modified a request for outpatient Acupuncture Two Times a Week over Six Weeks to Outpatient Acupuncture Times Six Sessions. The Medical Treatment Utilization Schedule (MTUS) was cited. Per a report dated 1/9/15, acupuncture was rendered. Per a Pr-2 dated 1/12/2015, the claimant has pain in her neck with radiation to the upper extremity. She has decreased cervical and lumbar range of motion.

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 6 weeks, quantity: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. It appears the the claimant has already had at least 1 acupuncture visit.