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| Case Number: | CM15-0019185 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 05/09/2005 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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 59 year old male, who sustained an industrial injury on 5/9/05. The injured worker has complaints of neck pain due to a combination of degenerative joint and disc disease, some radicular pain and myofascial-mediated pain. The documentation noted on the PR2 dated 12/22/14 that the injured worker is not an optimal surgical candidate. The documentation noted that the injured worker was doing acupuncture for one week with being able to get the pain down and increase his function. The diagnoses have included neck pain. Per a pr-2 dated 12/22/2014, the claimant has neck pain and associated radicular pain. He prescribed oxycontin 10mg bid when previously the claimant was taking as much as 20mg 2-3 times a day. Examination reveals tenderness to palpation and restricted rotation. The claimant has had acupuncture since February 2013. Per a PR-2 dated 10/17/2014, the claimant is about the same and his medications are unchanged. Per a PR-2 dated 8/11/2014, the claimant still has significant pain. He previously benefited by getting acupuncture treatments and was able to to decrease his oxycontin dose from 20 to 10 mg twice a day. Per a PR-2 dated 5/2/2014, the claimant is getting acupuncture treatments twice a month and he is taking oxycontin 10 mg twice a day. Per a PR-2 dated 3/5/2014, the claimant has intermittent worsening of pain because he is getting acupuncture every other week instead of once weekly. He is taking oxycontin 10mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture for the cervical spine, 1/Wk x 12/Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Acupuncture

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 initial benefits of decreased medication. However, the claimant has had extensive acupuncture over the course of two years with no improvement in the last year. There is no recent functional improvement from acupuncture and no documented functional deficits. Therefore, further acupuncture is not medically necessary.