

Case Number:	CM15-0019859		
Date Assigned:	02/09/2015	Date of Injury:	12/06/2010
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
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: Ohio

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 43 year old female who sustained an industrial injury on 12/06/2010. Current diagnoses include cervical spine pain. Previous treatments included medication management, cervical spine surgery x 2, acupuncture, and physical therapy. Report dated 11/04/2014 noted that the injured worker presented with complaints that included moderate pain in the cervical spine. Physical examination was positive for abnormal findings. The utilization review notes that the injured worker has received 48 visits of acupuncture. Utilization review performed on 01/15/2015 non-certified a prescription for acupuncture x 6 to the cervical spine, based on the clinical information submitted does not support medical necessity. 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 x 6 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 injured worker has previously received 48 visits of acupuncture. Acupuncture medical treatment guidelines state that acupuncture treatments be extended if functional improvement is documented. The clinical file submitted does not document objective functional improvement from previous acupuncture visits. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement the request for six visits of acupuncture to the cervical spine is not medically necessary.