

Case Number:	CM15-0112753		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2015
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 35 year old female, who sustained an industrial injury on 1/19/15. She reported pain in her neck, upper back and right shoulder after cleaning stove burners weighing 15 pounds each. The injured worker was diagnosed as having cervicgia, brachial neuritis, joint pain in shoulder, joint pain in upper arm and myalgia. Treatment to date has included physical therapy x 4 sessions with no relief and chiropractic treatments x 6 that were effective. Current medications include Oxycodone and Tramadol. As of the PR2 dated 5/11/15, the injured worker reports pain in her neck, upper back and right shoulder. She rates her pain 5/10. Objective findings include restricted cervical range of motion, tenderness in the paracervical muscles and a positive Spurling's maneuver. The treating physician requested acupuncture x 8 sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions for 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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 were rendered, the patient continues symptomatic, with lack of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture is not supported for medical necessity.