

Case Number:	CM15-0115507		
Date Assigned:	06/23/2015	Date of Injury:	07/05/2008
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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 48 year old male with an industrial injury date of 07/05/2008. Diagnoses included failed neck syndrome, failed joint syndrome, cervical radiculopathy, cervical spondylosis, cervicgia and shoulder joint pain. Co morbid diagnoses included diabetes and hypertension. Prior treatment included physical therapy, neck surgery and medications. He presents on 05/05/2015 for follow up of pain to the right side of his body. He states pain medications improve his ability to sit, stand, walk and sleep. He is complaining of constant neck pain rated as 5/10. Physical exam of the cervical spine noted decreased range of motion with tenderness present in the cervical paravertebral region on the right side at cervical 3-5 level. Spurling test was negative on the right for radiculopathy and positive on the left for neck pain only. There was no focal neurological deficit noted in the upper extremities. Sensations were equal in both upper extremities. There was decreased grip strength and tremors of the right upper extremity. The provider recommended a trial of acupuncture 6 sessions, continuing Vicodin and follow up in one month. The request is for acupuncture times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient's injury is over 7 years old. It is unclear if the patient has had prior Acupuncture sessions or if the request is for initial trial of care. Provider requested trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture is also used in adjunct to physical rehabilitation, which was also not reported in the provided medical records. If patient has had prior Acupuncture, medical records fail to document functional improvement, which would necessitate additional acupuncture treatment. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.