

Case Number:	CM15-0115508		
Date Assigned:	06/23/2015	Date of Injury:	11/01/2000
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
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 53 year old female, who sustained an industrial injury on 11/01/2000. Diagnoses include neck sprain/strain, chronic pain syndrome, cervical radiculopathy and myofascial pain. Treatment to date has included cognitive behavioral therapy, diagnostics, acupuncture (6 sessions completed), and medications including Norco, Norflex, Vistaril and Neurontin. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported neck pain with radiation to the upper extremities. She has completed 6 sessions of acupuncture, which was very helpful. Physical examination revealed hypertonicity to the bilateral superior trapezius and decreased (70%), painful range of motion of the neck. The plan of care included additional acupuncture and medication management. Authorization was requested for an additional 6 sessions of acupuncture (2x3) for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture, neck: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. The patient completed 6 acupuncture sessions. The provider reported that after 6 acupuncture sessions, the patient had an improvement in the Oswestery score. Before acupuncture, the score was 50% and after acupuncture the score was 40%. The Oswestery score measures the degree of disability and estimating quality of life in a person with low back pain. In addition, the patient's Norflex medication was reduced to 50 tablets from 55 tablets. Based on the documentation of improvement from the 6 acupuncture sessions, the provider's request for 6 additional acupuncture sessions for the neck is medically necessary at this time.