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| Case Number: | CM15-0115663 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 08/27/2011 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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:

This is a 31 year old male with a date of injury on 8-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, low back pain, post-traumatic stress disorder, and bilateral temporomandibular joint (TMJ) and reflux problems due to non-steroidal anti-inflammatory drug use in chronic pain. Medical records (1-5-2015 and 5-11-2015) indicate ongoing neck pain, back pain and headaches. He rated his pain level as 4 to 5 out of 10. Per the treating physician (5-11-2015), the employee was working full time. The physical exam (5-11-2015) reveals tenderness to palpation over the temporomandibular joints (TMJ) bilaterally. Cervical range of motion was mildly decreased in extension. There was tenderness over the lumbar paraspinal regions. Treatment has included at least (6 sessions) of acupuncture and medication. The request for authorization dated 5-13-2015 was for orthopedic appointment for the TMJ; acupuncture 6 sessions and physical therapy 10 sessions. The original Utilization Review (UR) (5-20-2015) was non-certified and a request for acupuncture twice a week for three weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly for 3 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review denied the treatment request for acupuncture, two times per week for three weeks to the patient's cervical spine citing CA MTUS acupuncture treatment guidelines document of May 20, 2015. The prior treatment course included 16 authorized acupuncture visits and 12 physical therapy visits to the cervical spine. The reviewed medical records failed to identify the number of completed acupuncture visits or clinical evidence of functional improvement required by the referenced CA MTUS acupuncture treatment guidelines. Also required in determining medical necessity was evidence of objective deficits for which acupuncture may benefit; none were provided. The medical necessity for additional acupuncture treatment, six visits to the cervical spine was not supported by the reviewed medical records or compliant with CA MTUS acupuncture treatment guidelines and therefore is not medically necessary.