

Case Number:	CM15-0119311		
Date Assigned:	06/29/2015	Date of Injury:	02/19/2015
Decision Date:	08/04/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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 43 year old male, who sustained an industrial injury on 2/19/15. The injured worker has complaints of headaches that are mostly on the right side and seem to spread from the neck over the right side of his head bringing nausea. The injured worker has complaints of paresthasias in the bilateral upper extremities. The documentation noted on the examination that the injured worker has tenderness with increased tone in the bilateral paracervical area and upper trap and he still has a palpable trigger point right levator scapulae. The diagnoses have included cervical radiculitis; rotator cuff sprain; tension headaches; nausea and vomiting and cognitive deficits. Treatment to date has included cervical spine X-rays showed 2/20/15 spondylosis at C5-C6 and straightening of the cervical lordosis; naproxen; fioricet; flexeril and physical therapy. The request was for 8 sessions of acupuncture 2 times a week for 4 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:

8 sessions of acupuncture 2 times a week for 4 weeks 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: Upon reviewing the submitted documents, the patient did not received acupuncture in the past. The guideline recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It was reported that he patient was authorized 6 acupuncture sessions as a trial. There was no new information regarding the functional outcome of those sessions. The guideline states that acupuncture may be extended with documentation of functional improvement. The provider's request for 8 acupuncture session to the cervical spine exceeds the guidelines recommendation for an initial trial and therefore the request is not appropriate.