

Case Number:	CM15-0119469		
Date Assigned:	06/29/2015	Date of Injury:	05/05/2014
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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 52-year-old man sustained an industrial injury on 5/5/2014. The mechanism of injury is not detailed. Diagnoses include lumbago and cervicgia. Treatment has included oral medications. Physician notes on a PR-2 dated 6/2/2015 show complaints of cervical spine pain rated 4/10 with radiation into the upper extremities and intermittent low back pain rated 4/10. Recommendations include continue the current medications regimen, acupuncture, and follow up in five to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x4 L/S and C/S: Upheld

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 recommend acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement.

According to the reviewer, the patient completed 20 acupuncture sessions and there is no objective documentation of functional improvement from prior acupuncture session. Therefore, additional acupuncture sessions are not necessary. The guidelines states that acupuncture may be extended with documentation of functional improvement. After reviewing the submitted progress report, there was no documentation of functional improvement from acupuncture in the past. The provider's request for 8 additional acupuncture sessions for the lumbar and cervical spine is not medically necessary.