

Case Number:	CM15-0120478		
Date Assigned:	07/01/2015	Date of Injury:	09/12/2005
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
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:

The injured worker is a 40-year-old male, who sustained an industrial injury on 9/12/2005. The mechanism of injury was noted to have occurred from moving boxes. The injured worker was diagnosed as having lumbar sprain/strain with radiculopathy and cervical spine sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/7/2015 and the injured worker complains of neck pain and low back pain, rated 6/10. In a progress note dated 5/7/2015, the injured worker reports neck pain traveling into the shoulder and through the low back and down to the feet, rated 3-4/10 at rest and 8-9/10 with activity. Physical examination showed lumbar muscle spasm, tightness, tenderness, and painful cervical range of motion. The treating physician is requesting 12 sessions of acupuncture to the cervical spine. He is currently obtaining acupuncture for his cervical spine with progress notes dated 3/13/15 and 4/16/2015. He states that acupuncture has given him some measure of relief of both his neck and low back. He has had seven sessions with one more to go. Per a report dated 5/12/15, the claimant has completed 8 sessions of acupuncture. He has decreased pain intensity and is no longer taking pain meds. His range of motion is improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to Cervical Spine (Sessions) Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There are post acupuncture findings submitted but no corresponding findings for the initial visit. The primary treating physician has not noted any functional benefit. Therefore, further acupuncture is not medically necessary.