

Case Number:	CM15-0124403		
Date Assigned:	07/08/2015	Date of Injury:	01/31/2011
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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 (IW) is a 44-year-old female who sustained an industrial injury on 01/31/2011. She reported twisting her head to the right side and feeling a snap in the right mid-clavicular region followed by pain. The injured worker was diagnosed as having cervical radiculitis, cervical degenerative disc disease, shoulder pain and myofascial pain. Treatment to date has included physical therapy, and medications. Currently, the injured worker complains of persistent neck and right shoulder region pain that is worse on the left side of the neck and rated a 6/10 severity. Medications include Norco, baclofen, omeprazole. The current medications are stated to be helping without adverse effects. On exam, the worker has pain and spasms noted in the cervical paraspinal muscles. Tenderness is noted in the cervical facet joints. Dysesthesia is noted to light touch in the bilateral C5, C6 dermatomes. Strength is 5/5 in the bilateral extremities. According to notes, the worker has never had acupuncture and would like to pursue acupuncture treatment. Her work status is permanent and stationary as of 05/31/2012 with future medical treatment for multimodal pain management, orthopedic evaluation, and chiropractic treatment. She continues with modified work. A request for authorization is made for Acupuncture 2x wk x 6 wks Cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 6 wks Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X6 acupuncture sessions for cervical spine which were modified non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.