

Case Number:	CM15-0127463		
Date Assigned:	07/14/2015	Date of Injury:	01/09/1999
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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 57 year old male who sustained an industrial injury on 1/9/99. Primary treating physician's progress report dated 6/10/15 reports continued complaints of constant, worsening cervical spine pain that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is sharp, radiates to the upper extremities and is rated 8/10. He has headaches, tension between the shoulder blades and constant bilateral shoulder pain. The shoulder pain is throbbing, rated 6/10. Injections have been improving the pain level. Frequent back pain is unchanged. Diagnoses include: rotator cuff syndrome, shoulder region dis nec, cervicalgia and lumbosacral neuritis. Plan of care includes: refill medications, request authorization for acupuncture treatment to the cervical and lumbar spine 1 time per week for 4 weeks. Work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.