

Case Number:	CM15-0128676		
Date Assigned:	07/15/2015	Date of Injury:	03/04/2009
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
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: 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 65 year old male, who sustained an industrial injury on 3/4/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having myofasciitis with cervical degenerative disc disorder and low back pain. There is no record of a recent diagnostic study. Treatment to date has included home exercises, acupuncture, therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of recurrent cervical spine stiffness and pain. Physical examination showed cervical stiffness and painful range of motion. The treating physician is requesting cervical spine acupuncture for 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, quantity 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture

care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After an unknown number of acupuncture sessions rendered in the past (reported as beneficial, with no specific gains reported), additional acupuncture x 8 was requested. The patient's condition at the time of the request was: symptoms of unreported intensity, full range of motion of the cervical spine with no functional-activities of daily living deficits to be addressed by the acupuncture, documented. As the goals for the additional acupuncture are unclear, absent functional benefits obtained with prior acupuncture documented and the number of sessions requested exceeding the guidelines recommendation without extraordinary circumstances reported, the additional acupuncture care is not supported as reasonable, medically and necessary. In addition the request is for acupuncture x10 (twice a month), care that is seen as maintenance in nature, consequently not supported for medical necessity by current guidelines. Also, the number of sessions requested exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x10 is not medically necessary.