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| Case Number: | CM15-0129608 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 11/07/2012 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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 27-year-old male, who sustained an industrial injury on 11/07/2012. Diagnoses include cervical sprain, thoracic sprain, shoulder impingement, lumbar sprain, acquired lordosis cervical and lumbar spine, knee sprain, chondromalacia knee, ankle sprain and rotator cuff tear shoulder. Treatment to date has included conservative care including medications and activity restrictions. Per the Primary Treating Physician's Progress Report dated 12/08/2014, the injured worker reported ongoing cervical spine, thoracic spine, right shoulder, lumbar spine, right knee and right ankle pain. Physical examination of the cervical spine revealed flexion of 35 degrees, extension of 30 degrees, bilateral lateral rotation of 60 degrees and bilateral lateral flexion of 20 degrees. There was pain with all ranges. The plan of care included diagnostics, physical therapy and acupuncture. Authorization was requested for acupuncture (2x3) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervical Spine, 2 times wkly for 3 wks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial for the neck condition. As the patient continued symptomatic despite previous care, (physical therapy, oral medication, work modifications and self-care) the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions targeting the cervical spine is within guidelines, appropriate, and medically necessary.