

Case Number:	CM15-0170141		
Date Assigned:	09/10/2015	Date of Injury:	02/26/2005
Decision Date:	10/08/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/28/2015

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 68 year old male who sustained an industrial injury on 2-26-05. He had complaints of neck, shoulder and hand pain and headaches. Treatments include: medication, physical therapy and injections. Progress report dated 6-22-15 reports constant shooting neck pain rated 7 out of 10 at rest and 9 out of 10 with activities. The pain radiates to his head, arms and hands and is associated with numbness and grinding. Due to the pain his is unable to perform his activities of daily living. The pain is aggravated by sitting and lifting. Diagnoses include: cervical myalgia, cervical spine degenerative joint disease degenerative disc disease and cervical sprain and strain. Plan of care includes: request MRI, request physical therapy 3 times per week for 4 weeks and request acupuncture therapy for cervical spine, dispense naproxen and prescription given for Ultram. Work status: retired. Follow up on 7-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical spine 3 times a weeks for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The 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." An unknown number of prior acupuncture sessions were rendered in the past (report from the provider dated 06-22-15) without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Also, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without compelling, extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not medically necessary.