

Case Number:	CM15-0171340		
Date Assigned:	09/11/2015	Date of Injury:	08/25/2007
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 70 year old male with a date of injury of August 25, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for contusion of the face, scalp, and neck; headache; cervical spondylosis without myelopathy; and neck sprain. Medical records (June 12, 2015) indicate that the injured worker complains of stable occipital-parietal headache, and residual neck pain and associated stiffness. A progress note dated May 1, 2015 notes subjective complaints of decreased occipital-parietal headache, residual neck pain and associated stiffness, and residual intermittent left hand tremors. Per the treating physician (June 12, 2015), the employee has returned to work. The physical exam (June 12, 2015) reveals cervical extension increased to full, right cervical rotation increased to 60 degrees, left cervical rotation remained at 60 degrees, cervical paraspinal spasm, recurrent C5-7 midline tenderness, a weakly positive atypical bilateral Spurling's maneuver, suprascapular spasm, minimal residual resting tremor, left greater than right extremity, and some difficulty with tandem walking. The progress note dated May 1, 2015 documented a physical examination that showed cervical extension increased to 50 degrees, right cervical rotation increased to 60 degrees, left cervical rotation remained at 60 degrees, cervical paraspinal spasm, recurrent C5-7 midline tenderness, a weakly positive atypical bilateral Spurling's maneuver, suprascapular spasm, residual resting tremor left greater than right extremity, and some difficulty with tandem walking. Treatment has included medications (Gabapentin since at least March of 2015), and magnetic resonance imaging of the cervical spine (report and findings were not included for review). The original utilization review (August 20, 2015) non-certified a request for six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 20, 2015 denied the treatment request for six acupuncture visits for management of reported cervical spondylosis, contusion of the face/scalp or neck, headache and neck sprain. The reviewed medical records included a peer discussion with the provider, which did not produce any objective evidence of functional improvement from a prior treatment course to include acupuncture. The medical necessity for additional acupuncture six sessions was not supported by the reviewed medical records or referenced CA MTUS acupuncture treatment guidelines.