

Case Number:	CM15-0172976		
Date Assigned:	10/07/2015	Date of Injury:	06/22/2015
Decision Date:	11/18/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 56-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of June 22, 2015. In a Utilization Review report dated August 21, 2015, the claims administrator partially approved requests for eight sessions of acupuncture as six sessions of the same. The claims administrator referenced an RFA form received on August 10, 2015 and an associated office visit of July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported multifocal complaints of neck, shoulder, and upper back, with derivative complaints of depression, headaches and stomach pain. The applicant was no longer working with his former employer, it was reported. Manipulative therapy, acupuncture, neurology consultation, x-rays of the numerous body parts, and physiatry consultation were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments to the cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for eight sessions of acupuncture to the cervical spine and right shoulder is not medically necessary, medically appropriate, or indicated here. The request in question was framed as a first-time request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture can be employed for a wide variety of purposes, including to reduce pain, reduce inflammation, increase blood flow, to reduce muscle spasm, increase range of motion, etc., this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3 to 6 treatments. The request for eight initial acupuncture treatments, thus, was at odds with Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. Therefore, the request is not medically necessary.