

Case Number:	CM15-0173811		
Date Assigned:	09/24/2015	Date of Injury:	10/27/2014
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a 39 year old female who sustained an industrial injury on 10-27-14. A review of the medical records indicates she is undergoing treatment for cervical spine signs and symptoms with bilateral upper extremity radiculitis, spondylosis C5-C6, mild degenerative spondylosis with small osteophyte C5-C6, and C3-C4 spondylosis. Medical records (3-9-15 to 7-22-15) indicate ongoing complaints of ongoing neck pain with periodic numbness and tingling of bilateral upper extremities. The physical exam (7-22-15) indicates tenderness of the paraspinals and trapezius. Sensation was noted to be diminished in bilateral upper extremities, as was range of motion. Effects on activities of daily living are not included in the records. Diagnostic studies have included EMG-NCV of bilateral upper extremities. Treatment has included physical therapy, which was noted to be discontinued on 3-9-15, acupuncture, which was noted to be completed on 6-8-15, a home exercise program, cervical traction, and pain medications. The 7-22-15 record indicates that her neck symptoms "are improving with acupuncture" and the cervical "traction during PT a few months ago did help to decrease her symptoms". The request for authorization (7-22-15) includes acupuncture twice a week for three weeks and home cervical traction. The utilization review (8-24-15) indicates a request for acupuncture with infrared lamp, medical supplies, kinesiology tape 2 times per week x 3 weeks for the cervical spine. The request was denied, stating that the injured worker's "pain was currently 5-6 out of 10" and "the pain was dull, frequent, and intermittent". The rationale also indicates that "on examination, the range of motion was moderately improved" and "there is no indication as to the patient not tolerating pain medication or pain medications reduced". Therefore, the requested treatment is "not medically necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with infra lamp, medical supply, kinesio tape, twice a week for three weeks, at cervical: 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 24, 2015 denied the treatment request for six acupuncture visits with accompanying infrared lamp, medical supply and Kinesio tape, total of six visits to the cervical spine citing CA MTUS acupuncture treatment guidelines. The patient's prior medical history reflects the application of 10 prior authorized acupuncture visits with no subsequent documentation of the total amount of acupuncture care provided or whether any functional improvement was noted on re-examination. The request for continuation of acupuncture treatment with attendant infrared and Kinesiotape, six visits is not medically necessary or supported by the reviewed medical records or the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines.