

Case Number:	CM15-0176420		
Date Assigned:	09/15/2015	Date of Injury:	08/22/2014
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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 31 year old male, who sustained an industrial injury on August 22, 2014. The injured worker was diagnosed as having post traumatic headaches, cervical spine sprain and strain with magnetic resonance imaging documented disc bulge at cervical five to six, lumbar spine sprain and strain with magnetic resonance imaging documented disc bulge at lumbar four to five, and chest pain. Treatment and diagnostic studies to date has included use of a cane, acupuncture, psychotherapy, psychiatric therapy, medication regimen, laboratory studies, and home exercise program. In a progress note dated August 06, 2015 the treating physician reports complaints of intermittent, "moderate" pain to the neck and the low back. The progress note from August 06, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Examination from August 06, 2015 was revealing for tenderness to the paracervical and trapezius muscles, decreased range of motion to the cervical spine with pain, muscle spasm to the cervical region, tenderness to the chest midline, increased tone and tenderness to the paralumbar muscles, tenderness to the thoraco-lumbar junction midline, tenderness to the lumbar five and sacral one facets, tenderness to the right greater sciatic notch, muscle spasms to the lumbar region, and positive Patrick Faber's testing. On August 06, 2015 the treating physician requested eight sessions of acupuncture treatments at two times per week for four weeks to the lumbar spine and eight sessions of acupuncture treatments at two times per week for four weeks to the cervical spine noting that prior acupuncture therapy was noted to assist in decreasing the injured worker's pain and increase the injured worker's range of motion, but the progress note did not indicate the specific quantity of prior acupuncture sessions. On

August 31, 2015 the Utilization Review determined the requests for eight sessions of acupuncture treatments at two times per week for four weeks to the lumbar spine and eight sessions of acupuncture treatments at two times per week for four weeks to the cervical spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Treatments 2 times per week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The August 31, 2015 utilization review document denied the treatment request for eight acupuncture treatments at two times per week for four weeks to the patient's lumbar spine citing CA MTUS acupuncture treatment guidelines. The patient's past medical history includes application of acupuncture to manage chronic lower back pain with reported benefit but evidence of functional improvement as required by the CA MTUS acupuncture treatment guidelines were not provided. The medical necessity for continuation of acupuncture care, eight additional visits was not found in the reviewed medical report or consistent with the prerequisites for additional care per CA MTUS acupuncture treatment guidelines, therefore is not medically necessary.

8 Acupuncture Treatments 2 times per week for 4 weeks, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The August 31, 2015 utilization review document denied the treatment request for eight acupuncture treatments at two times per week for four weeks to the patient's cervical spine citing CA MTUS acupuncture treatment guidelines. The patient's past medical history includes application of acupuncture to manage chronic cervical spine pain with reported benefit but evidence of functional improvement as required by the CA MTUS acupuncture treatment guidelines were not provided. The medical necessity for continuation of acupuncture care, eight additional visits was not found in the reviewed medical report or consistent with the prerequisites for additional care per CA MTUS acupuncture treatment guidelines, therefore is not medically necessary.