

Case Number:	CM15-0179470		
Date Assigned:	09/21/2015	Date of Injury:	09/29/2011
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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 47 year old male, who sustained an industrial injury on September 29, 2011. The initial symptoms reported by the injured worker are unknown. Current diagnoses included gastroesophageal reflux disease, irritable bowel syndrome and cervical spine radiculopathy. Treatment to date has included diagnostic studies, physical therapy, stretching, heat treatment, acupuncture, cervical epidural steroid injection and medications. His second epidural steroid injection, on May 16, 2014, was reported to provide "relief" from the pain. On July 17, 2015, notes stated that physical therapy and acupuncture treatment "really helped with this neck and upper extremity pain." On July 16, 2015, the injured worker complained of intermittent, sharp neck pain that radiates to the upper extremities. There are also associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain is rated as a 3 on a 1-10 pain scale. The pain is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and worker at or above the shoulder level. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Axial loading compression test and Spurling's maneuver were noted to be positive. Cervical spine range of motion was noted to be "limited" with pain. The treatment plan included acupuncture treatment for the cervical spine, medications and a follow-up visit. On August 31, 2015, utilization review denied a request for eight acupuncture treatments for the cervical spine.

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: 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 8/31/2015 denied the treatment request for eight acupuncture visits to the patient's cervical spine between 7/16/2015 and 11/26/2015 citing CA MTUS acupuncture treatment guidelines. The reviewed medical records documented acupuncture visits, eight treatments certified on 2/27/15 with no subsequent reporting that the applied visits resulted in clinical evidence of functional improvement. The reviewed medical records do not establish the medical necessity for the additional eight acupuncture visits nor do the records meet the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.