

Case Number:	CM15-0179617		
Date Assigned:	10/13/2015	Date of Injury:	10/30/2014
Decision Date:	12/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male with a date of industrial injury 10-30-2014. The medical records indicated the injured worker (IW) was treated for concussion with brief loss of consciousness; cervical, thoracic and lumbar musculoligamentous injury; cervical, thoracic and lumbar muscle spasm; and status post surgery, left knee (3-16-15). In the progress notes (6-5-15), the IW reported neck pain radiating to the mid back, mid back pain radiating to the low back, and low back pain with radiation to the mid back. He also complained of left knee pain and numbness radiating to the left leg. On 5-5-15, he also had complaints of intermittent moderate to severe headache. On examination (6-5-15 notes), there were no sensory deficits in the four extremities. There was tenderness and spasms in the cervical, thoracic and lumbar spine muscles and the trapezius, bilaterally. Treatments included Norco, Percocet and physical therapy. There was no documentation of previous acupuncture. The IW was not working. A Request for Authorization was received for acupuncture three times a week for six weeks for the cervical and thoracic spine. The Utilization Review on 8-13-15 non-certified the request for acupuncture three times a week for six weeks for the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Three (3) Times a Week for Six (6) Weeks for the Cervical/Thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with neck pain radiating to the mid back, mid back radiating to the low back, and low back pain radiating to the mid back. The current request is for acupuncture 3 times a week for 6 weeks for the Cervical/Thoraic. The treating physician states, in a report dated 08/11/15, "The plan is to perform acupuncture and/or electroacupuncture with therapeutic massage for 12 visits, 2 visits per week for 6 weeks." (109B) The AMTG guidelines state, "Time to produce functional improvement: 3 to 6 treatments." The treating physician in this case has requested treatment in excess of the recommended 3-6 visit trial period, without any documentation to support visits over the recommended guideline maximum. The current request is not medically necessary.