

Case Number:	CM15-0179641		
Date Assigned:	09/21/2015	Date of Injury:	11/03/2009
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
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, Montana

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 58-year-old male, who sustained an industrial injury on 11-3-09. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical disc protrusion with radiculopathy, cervical degenerative disc disease (DDD) and "late post-operative, cervical spine." Medical records dated 7-29-15 indicate the injured worker complains of neck pain with numbness, tingling and weakness in the scapula, right arm and hand and left side. The physician indicates, "he has been getting acupuncture treatments, which seem to relieve some of his pain." The pain is rated 6 out of 10 at best, at 8 out of 10 most of the time and 10 out of 10 at worst. He reports no change since previous visit. Physical exam is not indicated on the exam noted 7-29-15. A progress note dated 8-6-15 indicates the injured worker reports he benefits from acupuncture and "he feels much better after acupuncture treatment in the same day and the next day" and "he can take less medication." Pain is rated average 4 out of 10, 6 out of 10 at its worst and 3 out of 10 at its best. Treatment to date has included magnetic resonance imaging (MRI), acupuncture and Norco. The original utilization review dated 9-1-15 indicates the request for acupuncture 2 X 4 to 8 (16 visits) cervical spine is non-certified noting the patient had prior acupuncture with no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) visits of acupuncture 2 times a week for 4-8 weeks for 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: Patient has had prior acupuncture treatment. Provider requested additional 16 acupuncture sessions for cervical spine which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 16 acupuncture treatments are not medically necessary.