

Case Number:	CM15-0022127		
Date Assigned:	02/11/2015	Date of Injury:	02/15/2012
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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: Ohio

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:

Claimant is a 59-year-old male who sustained a work-related injury on 2/15/12. Acupuncture progress note dated 11/24/14 notes the claimant has completed six of six approved acupuncture visits. Claimant has a chief complaint of chronic left-sided neck pain radiates in the left upper extremity cervical radiculitis distribution. Physical exam reveals tenderness with palpation of the left posterior neck, and tenderness over the left trapezius and superior medial border of the scapula on the left. Symptoms are reported to be improved due to previous acupuncture treatment but pain levels are not specified. Previous treatment included medications, MRI, electrodiagnostic studies, and acupuncture. Diagnosis related to this request are cervical spondylosis without myopathy and degenerative cervical disc left C4-5 radiculopathy. UR decision dated 1/5/15 noncertified request for eight additional acupuncture sessions to cervical spine. UR decision cited the lack of objective functional improvement with 18 previous acupuncture visits and the MTUS acupuncture medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for Cervical Spine Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvement is documented. The injured worker has received 18 acupuncture visits previously. Based on the acupuncture notes reviewed, objective functional improvement has not been documented. Based on the MTUS acupuncture medical treatment guidelines the lack of objective functional improvement, the request for an additional eight acupuncture visits is not medically necessary.