

Case Number:	CM15-0026446		
Date Assigned:	02/18/2015	Date of Injury:	08/06/2009
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male with an industrial injury dated August 6, 2009. The injured worker diagnoses include headache, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, loss of sleep and other insomnia. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/2/2015, the treating physician noted cervical spine tenderness, myospasm and decrease cervical range of motion in all planes due to pain. Lumbar spine exam revealed tenderness, myospasm and decrease lumbar range of motion in all planes due to pain. The treating physician prescribed services for acupuncture 2 x wk x 3 wks for cervical and lumbar spine. Documentation notes a prior 8 sessions of acupuncture for the cervical and lumbar spine. Utilization Review determination on January 14, 2015 denied the request for acupuncture 2 x wk x 3 wks for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 3 wks for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommend up to 6 sessions of acupuncture as adequate for most conditions. If there are objective functional improvements as a result of the acupuncture, additional sessions can be authorized. The Guideline standards to justify additional acupuncture have not been met. There is no reasonable evidence of functional improvements or less reliance on other treatment as a result of the prior 8 sessions of acupuncture. Under these circumstances, the request for an additional 6 sessions of acupuncture is not supported by Guidelines and is not medically necessary.