

Case Number:	CM15-0037146		
Date Assigned:	03/05/2015	Date of Injury:	04/27/2012
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 64 year old female, who sustained an industrial injury on 04/27/2012. She has reported pain in the neck, right upper extremity, and low back. The diagnoses have included cervical spine degenerative disc disease; cervical spine musculoligamentous sprain; chronic right shoulder strain; right shoulder partial tear, supraspinatus tendon and subacromial/subdeltoid bursitis. Treatment to date has included medications, acupuncture, and physical therapy. A progress note from the treating physician, dated 11/12/2014, documented a follow-up visit with the injured worker. The injured worker reported severe neck pain that radiates mostly into the right shoulder; aching sensation in the upper, middle, and lower back; and pain is rated at 6-7/10 on the visual analog scale. Objective findings included tenderness to palpation over the cervical spine; pain with range of motion of the cervical spine; and the injured worker uses a walker for ambulation. On 02/12/2015 Utilization Review noncertified a prescription for 6 acupuncture sessions. The CA MTUS, ACOEM was cited. On 02/26/2015, the injured worker submitted an application for IMR for review of a prescription for 6 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After an unknown number of prior acupuncture sessions (benefits not reported), no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the report requesting additional acupuncture was written on 01-08-15 but the examination was performed on 11-12-14, therefore the current condition for which the care was requested, is unknown, rendering the request not medically necessary. Therefore, based on the foregoing, the additional acupuncture x 6 is not supported for medical necessity.