MAXIMUS Federal Services

Case Number:	CM15-0040159		
Date Assigned:	04/09/2015	Date of Injury:	06/10/2013
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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:

This 67-year-old female sustained an industrial injury to the cervical spine on 6/10/13. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, acupuncture and medications. In a Treating Physician Report dated 2/24/15, the physician noted that the injured worker remained highly symptomatic with neck and left trapezius symptoms. The physician noted that physical exam from an office visit dated 1/15/15 was remarkable for tenderness to palpation over the left trapezius muscle, cervical spine with limited range of motion, upper extremity strength 5/5 except in the deltoids which were 4/5, intact sensation throughout and decreased left grip strength. Current diagnoses included status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation, advance cervical spine degenerative disc disease, stage IV carcinoma of lung, cervical spine disc bulge, moderate bilateral C7 sensory dysfunction with denervation, ataxic gait and acute left trapezius spasm. The physician noted that the injured worker needed ongoing physical therapy for gait and balance training as well as acupuncture for severe left trapezius spasm. The treatment plan included physical therapy, acupuncture and anti-inflammatory cream with a muscle relaxant. The physician stated that oral muscle relaxants affected her balance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for six weeks for the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends initial 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, there was no evidence that the patient received acupuncture in the past. The current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture sessions to the cervical spine exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is inconsistent with the evidence-based guidelines and is not medically necessary at this time.