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| Case Number: | CM15-0064542 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 11/01/2011 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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:

The injured worker is a 53-year-old female, who sustained an industrial injury on 11/01/2011. She has reported injury to the head and neck. The diagnoses have included cervical radiculopathy and cervical displaced intervertebral disc. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, cervical traction, acupuncture, and physical therapy. Medications have included Advil and Tramadol. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, upper back, and bilateral arms, right greater than left; pain is rated at 5-6/10 on the visual analog scale, and increases to 8/10 with aggravating activities. Objective findings included tenderness to palpation bilaterally at C5-C6 and C6-C7; tenderness bilaterally at the interscapular border; and painful range of motion of the cervical spine. The treatment plan has included the request for 8 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.