

Case Number:	CM15-0065197		
Date Assigned:	04/13/2015	Date of Injury:	09/27/2013
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
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 61 year old male, who sustained an industrial injury on 9/27/2013. Diagnoses have included cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago and lumbar spine compression fracture. Treatment to date has included medication. According to the progress report dated 2/25/2015, the injured worker complained of pain in his neck rated 6/10 and pain in his low back rated 6-7/10. He also complained of some numbness and tingling in his hands and bilateral lower extremities. Exam of the cervical spine revealed hypolordosis and anterior head carriage. Exam of the lumbar spine revealed hypolordosis. Authorization was requested for acupuncture twice a week for six weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain/ Acupuncture.

Decision rationale: It is unclear if the patient has had prior acupuncture or if the request is for initial trial of care. Provider requested 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore ODG and ACOEM guidelines do not recommend acupuncture for cervical spine pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.