

Case Number:	CM15-0068407		
Date Assigned:	04/16/2015	Date of Injury:	12/19/2012
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Physical Medicine & Rehabilitation

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 year old female, who sustained an industrial injury on December 19, 2012. She was diagnosed with transfer migraine headaches, cervical disc disease, cervical sprain, and upper extremity radiculopathy, nasal bone fracture and nasal septum fracture. Treatment included pain patches, pain medications, transcutaneous electrical stimulation, chiropractic sessions, physical therapy and acupuncture. Currently, the injured worker complained of headaches, left sided neck pain and upper back pain. The treatment plan that was requested for authorization included acupuncture 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, 2 times a week for 4 weeks, for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 02/19/15 progress report provided by treating physician, the patient presents with left sided neck and upper back pain. The request is for acupuncture, 2 times a week for 4 weeks, for the cervical spine. Patient's diagnosis per Request for Authorization form dated 04/01/15 includes neck sprain/strain, and brachial radiculitis. Diagnosis on 02/19/15 included status post blow to face with cervical spine sprain/strain and persistent headaches and MRI findings of posterior focal central extrusion at C5-C6 and posterior left paracentral disc extrusion at C6-C7 per MRI dated 12/21/12. Treatment to date included chiropractic, physical therapy, acupuncture. TENS, and medications. Patient medications included Norco, Imitrex and Lidoderm patches. The patient may work up to 8 hours with restrictions, per 03/31/15 treater report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)."Regarding this request, UR letter dated 04/03/15 has "Approved with Modification to 4 sessions of acupuncture." Per 03/31/15 progress report, the patient "completed two sessions of acupuncture performed on March 11, 2015 and March 18, 2015. She has found these two treatments helpful in reducing pain and improving function. She states following these two treatments, she has significant decrease in her headache intensity, decrease in overall pain, improvement in range of motion and she did not need to take any pain medication... After two treatments, she states she was about 40% improved." Given that patient is working, documentation of functional improvement and benefit from treatment, continued acupuncture sessions appear reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.