

Case Number:	CM15-0070705		
Date Assigned:	04/20/2015	Date of Injury:	08/24/2006
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 08/24/2006. The injured worker was diagnosed with cervical intervertebral degenerative disc disease, chronic neck pain, cervical radiculopathy and osteoarthritis of spinal facet joints. Treatment to date includes conservative measures, diagnostic testing, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on February 20, 2015, the injured worker continues to experience cervical spine pain radiating into the right shoulder with a flare upper after exercising at home and progressively getting worse. The injured worker rates her pain at 4-10/10 depending on the day and activity level. Examination of the cervical spine demonstrated tenderness to palpation of the posterior area (right side greater than left), positive Spurling's and decreased range of motion. Right upper extremity demonstrated 50% decreased lateral abduction with dysesthesia down the right shoulder and arm. Current medications are listed as Norco, Omeprazole, and Ibuprofen. Treatment plan consists of medications, heat/ice compresses, rest, gentle stretching and home exercise, and the current request for Acupuncture therapy, 6 sessions 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, cervical spine x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." Section 9792.20 e and f are defined as follows, " (e) Evidence-based means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE. (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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." In this patient's case, 6 acupuncture therapy treatments are being requested. This number of treatments is the recommended number to produce functional improvement. This patient's case satisfies MTUS guidelines for a trial of Acupuncture. There is no reason to deny this request in accordance with MTUS guidelines. This request is considered medically reasonable and necessary.