

Case Number:	CM15-0076301		
Date Assigned:	04/27/2015	Date of Injury:	12/08/2006
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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 46 year old male injured worker suffered an industrial injury on 12/08/2006. The diagnoses included closed head injury, post-traumatic stress disorder, and cervical fusion. The injured worker had been treated with surgery and medications. On 2/10/2015 and 3/10/2015 the treating provider reported the pain in the neck was 7/10 and 5/10 in the shoulder. The injured worker reported the pain reduction is 25% with medications use. The provider noted that the Norco is enabling the injured worker to continue full time work. There were cervicogenic headaches every day. The treatment plan included Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, once weekly for 12 weeks, cervical spine, QTY: 12: 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 Guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture

may be extended if there is documentation of functional improvement. Based on the submitted records, there was no evidence of prior acupuncture treatment. The patient noted temporary relief with prior massage therapy and chiropractic treatment. There was no improvement from physical therapy. The patient is a candidate for 3-6 acupuncture visits. However, the provider's request for 12 acupuncture session for the cervical spine exceeds the guidelines recommendation of 3-6 visits to produce functional improvement. Additional acupuncture beyond the initial 3-6 visits is recommended with documentation of functional improvement. Therefore, the provider's request for 12 acupuncture session is not medically necessary at this time.