

Case Number:	CM15-0076883		
Date Assigned:	04/28/2015	Date of Injury:	11/01/2011
Decision Date:	06/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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 (IW) is a 53 year old female who sustained an industrial injury on 11/01/2011. She reported pain in the neck & shoulders, headache and lower left side numbness. The injured worker was diagnosed as having displaced cervical intervertebral disc/ herniated nucleus pulposus, cervical radiculopathy. Treatment to date has included medications and a prednisone taper. Medications are Tramadol, Flexaril, and Advil. Currently, the injured worker complains of neck pain with headache and lower left side numbness with headache. She also complains of a pulling stiffness feeling of shoulder pain. On exam, cervical flexion is to 30 degrees eliciting posterior neck pain, Extension is to 40 degrees and pain free. Lateral bend to the left is 20 degrees and pain free, to the right is 20 degrees and elicits left-sided neck pain. Rotation bilaterally is 70 degrees and elicits a left-sided neck pain. Spurling's maneuver on the right elicits left-sided neck pain. Supraspinatus, triceps, first DI, abductor Pollicis are a 5/5. Extensor digiti are +4 bilaterally. Wrist flexor is a +4 on the left and -5 on the right. On the visit of 03/24/2015, the treatment plan included Anaprox 550 mg by mouth twice daily, Protonix 20 mg, two tablets half hour before breakfast, and eight sessions of acupuncture. Requested for authorization were eight sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment in 2013. Provider requested additional 8 acupuncture sessions which were modified to 4 by the utilization review. Requested treatment exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.