

Case Number:	CM15-0078363		
Date Assigned:	04/29/2015	Date of Injury:	03/08/2004
Decision Date:	05/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 70 year old female who sustained an industrial injury on 03/08/2004. Current diagnoses include lumbar post laminectomy syndrome, osteoarthritis of the knee, degeneration of cervical intervertebral disc, spinal stenosis, and displacement of thoracic intervertebral disc without myelopathy. Previous treatments included medication management, back surgery, home exercise, and acupuncture. Previous diagnostic studies include MRI's. Report dated 04/14/2015 noted that the injured worker presented with complaints that included increased neck pain. Pain level was not included. Physical examination was positive for abnormal findings. Disputed treatments include acupuncture for the neck, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck, six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that the previously 12-18 acupuncture sessions rendered were described as beneficial in reducing symptoms and medication intake reduction, no pain scales or specifics on the medication intake reduction were made available to support the requested additional acupuncture for medical necessity. In addition the number of sessions requested (x8) exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.