

Case Number:	CM15-0092503		
Date Assigned:	05/18/2015	Date of Injury:	12/30/2013
Decision Date:	10/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/13/2015

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 35 year old male who sustained an industrial injury on 12-30-13. A review of the medical records (10-16-14) indicates that the injured worker has been treated for stiffness in joint of the lower leg, neck sprain and strain, and thoracic sprain and strain. The medical record indicates that the injured worker reported that acupuncture has "helped him with pain levels". He was noted to be using a low back brace. The examination revealed "limited and painful dorsolumbar range of motion". No prior treatments are available for review. The original utilization review (5-11-15) indicates that the requested acupuncture sessions are not medically necessary and appropriate "as related to the compensable injury", based on the clinical information available for review. The rationale indicates that the reviewer was "unable to confirm any functional gains" or "any improvement" of prognosis towards the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Acupuncture 1 session cervical spine: 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". After fourteen prior acupuncture sessions, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture one session requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture (x 1) fails to meet the criteria and is not medically necessary.