

Case Number:	CM15-0092790		
Date Assigned:	05/19/2015	Date of Injury:	06/24/2011
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
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 56 year old male, who sustained an industrial injury on June 24, 2011. He reported increasing severe neck pain. The injured worker was diagnosed as having sprain of neck. Treatment to date has included physical therapy, chiropractic treatments, acupuncture, x-rays, MRIs, and medication. Currently, the injured worker complains of constant neck pain and depression, loss of interest, decreased concentration, and insomnia. The Primary Treating Physician's report dated April 27, 2015, noted the injured worker reported his pain was rated at 7/10, with limited active range of motion (ROM), completing six sessions of acupuncture. The injured worker reported acupuncture alleviated pain, and that physical therapy had not been helping. The injured worker was noted to have hypertension, experiencing a lot of stress at work. Physical examination was noted to show tenderness and tightness over the paracervical muscles, with pain worsening with neck right rotation. The treatment plan was noted to include self-home management training and a request for acupuncture. The injured worker was noted to be on modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks for the neck: 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 after 24+ prior acupuncture sessions were reported as beneficial in reducing symptoms and increasing function, no clear evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture 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 6 is not medically necessary.