

Case Number:	CM15-0094929		
Date Assigned:	05/21/2015	Date of Injury:	04/09/2012
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/15/2015

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 is a 56 year old male, who sustained an industrial injury on 4/9/2012. He reported climbing down from a trailer when his hand slipped and hit him in the head. Diagnoses have included chronic, persistent neck pain with history of multilevel cervical fusion (June 2013) and persistent low back pain with some leg symptoms. Treatment to date has included physical therapy and medication. According to the progress report dated 4/27/2015, the injured worker complained of ongoing neck and back pain. He reported doing well with his pain medication regimen. He rated his pain as going from 10/10 to 7/10 with Norco. He reported being able to cook and clean and take care of his granddaughter. He was able to get six to eight hours of sleep with medication and about two hours of sleep without medication. Objective findings revealed relatively good range of motion of the cervical spine with stiffness, but no significant pain on palpation. Authorization was requested for eight sessions of acupuncture for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of ongoing neck and back pain. The Acupuncture Medical Treatment guideline recommends 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Based on the submitted records, there was no evidence of prior acupuncture. Therefore, a trial may be necessary. However, the provider's request for 8 acupuncture session to the neck exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidence based guideline and therefore is not medically necessary at this time.

8 Acupuncture Sessions for Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As discussed earlier, there was no evidence of prior acupuncture therapy. The guideline recommends 3-6 visits over 1-2 months to produce functional improvement. The provider's request for 8 acupuncture session for the low back exceeds the guidelines recommendation for an initial trial and therefore is not medically necessary at this time.