

Case Number:	CM15-0096543		
Date Assigned:	05/26/2015	Date of Injury:	03/26/2013
Decision Date:	06/25/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/19/2015

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 61 year old female, who sustained an industrial/work injury on 3/26/13. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervicalgia, cervical spondylosis with myelopathy, spinal stenosis/cervical region. Treatment to date has included medication, diagnostics, surgery (cervical on 1/10/14), acupuncture, and physical therapy. Currently, the injured worker complains of neck and upper extremity spasms rated 5/10. Per the primary physician's progress report (PR-2) on 5/1/15, examination revealed altered sensation at C5-8 bilaterally and global weakness in the upper extremities. Ambulation was with a walker. Current plan of care included continuation of home exercises, transcutaneous electrical nerve stimulation (TENS) unit, medications, and therapy. The requested treatments include acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine for 6 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 number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that 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." The patient already underwent six acupuncture sessions in the past without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not medically necessary.