

Case Number:	CM15-0097099		
Date Assigned:	05/27/2015	Date of Injury:	09/27/2002
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
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: 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 67 year old, male who sustained a work related injury on 9/27/02. The diagnoses have included cervical postlaminectomy syndrome, lumbar sprain/strain, lumbar postlaminectomy syndrome, chronic pain syndrome and myofascial pain. Treatments have included oral medications, Lidoderm patches, wrist braces, physical therapy, cervical spine surgery (2002), lumbar spine surgery (2004), and therapy of massage, electrical stimulation and strength exercises for bilateral wrists and hands. In the PR-2 dated 4/21/15, the injured worker complains of neck and back pain. He describes the pain as constant, achy and tingling. He rates the pain level an 8/10. He states medications bring down pain level to 5/10. He states the pain gets worse with prolonged activity. He complains of headaches, numbness, joint pain, muscle spasms, depression and anxiety. He has tenderness to palpation of cervical neck with myospasm of bilateral trapezius muscles. He has decreased range of motion. The treatment plan includes requests for authorization for a trial of acupuncture treatments and myofascial release for the neck. Six visits of acupuncture were authorized as a trial on 5/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and Myofascial Release (sessions) (neck), QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. The request is not medically necessary.