

Case Number:	CM15-0099364		
Date Assigned:	06/01/2015	Date of Injury:	05/06/2011
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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 68 year old male who sustained an industrial injury on 5/6/11. The injured worker was diagnosed as having cervical facet arthropathy, lumbar radiculopathy and cervical radiculopathy. Currently, the injured worker was with complaints of neck pain. Previous treatments included acupuncture treatment, medication management and exercise. The injured workers pain level was noted as 1-3/10. Physical examination was notable for tenderness to palpation to the cervical facets and pain over the lumbar facets, abnormal range of motion in the lumbar spine due to pain. The plan of care was for acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once weekly for 3 weeks, once Q 2 weeks for 2 weeks, once a month for 3 months, 8 sessions total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of 5/15/15 denied the request for Acupuncture treatment once weekly for 3 weeks, once Q 2 weeks for 2 weeks, once a month for 3 months, or 8 sessions total citing CAMTUS Acupuncture Treatment Guidelines. Although the reviewed medical records documented functional improvement, the request for 8 additional visits exceeded referenced CAMTUS Acupuncture Treatment Guidelines. The medical necessity for 8 additional sessions of Acupuncture care was not supported by reviewed medical records from [REDACTED] or are consistent with the prerequisites for additional treatment per CAMTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.