

Case Number:	CM13-0000800		
Date Assigned:	11/20/2013	Date of Injury:	02/22/2013
Decision Date:	05/05/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/21/2013

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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female with a date of injury of 2/22/2013. According to the progress report dated 8/1/2013, the patient complained of neck, mid, and low back pain. Significant objective findings include muscle spasms in the cervical, thoracic, and lumbosacral paraspinal muscles. There was tenderness over the bilateral trapezius, lower lumbosacral facet joints as well as the rhomboids. Neck flexion and extension are about 50-60% of normal. Back flexion and extensions are about 20 to 30% of normal. Sensation was normal for bilateral upper and lower extremities. Motor strength of the bilateral upper and lower extremity was 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS TO THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The acupuncture medical guideline states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20. Record revealed that the patient had prior

acupuncture sessions. The acupuncture provider noted that the patient's pain reduces after needling. However, the provider failed to document functional improvement as defined in section 9792.20. Based on the lack of documentation of functional improvement, the provider's request for additional acupuncture 2 times a week for 3 weeks is not medically necessary at this time.