

Case Number:	CM13-0012678		
Date Assigned:	04/23/2014	Date of Injury:	06/01/2009
Decision Date:	06/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

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 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:

According to the available medical records, this is a 52 year old female patient with chronic neck pain, date of injury 06/01/2009. Previous treatments include acupuncture and medication. There are no medical records available for review from 2009 to 2013, it is unclear as to what treatments and outcome did the patient received during this period. Acupuncture treatment progress notes from 04/12/2013 revealed frequent pain in the cervical spine, pain intensity was 6-7/10, with sharp, numbness/tingling and weakness, treatment ws 2x3. Acupuncture progress noted dated 07/09/2013 also revealed frequent pain in the cervical spine, pain intensity 6-7/10, with sharp, numbness/tingling and weakness. Neck pain and disability indexes for both dates are almost identical.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 3 WEEKS FOR THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Previous acupuncture treatments did not adequately document any functional improvement in this patient. Based on the guideline cited above, additional acupuncture treatments are not medically necessary.