

Case Number:	CM13-0019365		
Date Assigned:	10/11/2013	Date of Injury:	03/25/2013
Decision Date:	01/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 62 year old female with a date of injury of 3/25/2013 from a motor vehicle accident. The patient was diagnosed with cervical sprain/ strained with a history of cervical fusion from C3-C6 on 5/20/12. The doctor's first report dated 6/11/2013 stated that the patient complained of constant pain in the neck and low back. Significant objective findings included diffuse tenderness along the cervical and lumbar paraspinal muscles

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times per week for six (6) weeks cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for acupuncture twice a week for 6 weeks is not medically necessary at this time. According to the progress report dated 4/24/2013, the patient's condition has not improved significantly. The report noted that acupuncture therapy has been ordered for 6 sessions despite having documented that the patient is not responding well to acupuncture therapy. The acupuncture guidelines recommend acupuncture for pain. Acupuncture therapy may be extended if functional improvement is documented as defined in

section 9792.20(f). Records indicate that the patient is not responding well to acupuncture therapy and no evidence of functional improvement; therefore the requested 12 acupuncture session is not medically necessary.