

Case Number:	CM13-0021628		
Date Assigned:	11/13/2013	Date of Injury:	06/27/2009
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 reported a date of injury of 6/27/2009. According to the progress report on 7/19/2013, the patient complained of neck pain and upper extremity symptoms. The patient was able to take significantly less medications after acupuncture. According to the progress report dated 6/07/2013 the patient was able to decrease her topamax dosage from 50 mg to 25 mg since she started acupuncture. The burning sensation in her upper extremity has improved with acupuncture treatment. The patient was diagnosed with cervical spinal stenosis. An MRI of her cervical spine demonstrates cervical spinal stenosis as well as some spinal cord distortion particularly at C5-C6 and C6-C7 level secondary to large osteophyte complex at that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for acupuncture x 6, cervical/upper back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has cervical and upper extremity pain. There was evidence of reduce medication dosage, range of motion improvement in the cervical spine, and able to sleep throughout the night after acupuncture treatment. The guidelines state that acupuncture may be

extended if there is documentation of functional improvement. Therefore, the provider's request for 6 acupuncture sessions to the cervical and upper back is medically necessary