

Case Number:	CM13-0022699		
Date Assigned:	11/22/2013	Date of Injury:	11/08/2012
Decision Date:	01/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation, 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 61 year old female with a date of injury of 11/8/12 to the neck and lower back secondary to a motor vehicle accident. The patient had 22 sessions of acupuncture for the lower back with excellent improvement of symptoms in the lower back and patient was discharged from the acupuncturist. An examination on 8/2/13 showed restrictive range of motion of cervical, with tenderness and spasm. The exam also showed negative facet maneuver and normal neuro examination. An MRI showed degenerative disc disease at C4/5 and Foraminal stenosis. Patient was recommended to have an epidural steroid injection but she would like to try acupuncture first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits for the cervical region: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient has spasm on examination. An MRI showed underlying degenerative disc disease and stenosis. According to the medical records provided for review, the patient has never had acupuncture for the neck. Therefore, 6 visits would be within the

guidelines. Additional sessions for the cervical spine would depend on functional improvement after the initial 6 visits. The request for 6 Acupuncture visits for the cervical region is medically necessary and appropriate.