

Case Number:	CM13-0023115		
Date Assigned:	11/15/2013	Date of Injury:	05/19/2008
Decision Date:	08/06/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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 68-year-old female with a date of injury of 5/19/2008. According to the progress report dated 7/24/2013, the patient complained of headaches and deteriorating condition in the posterior neck, left wrist, right wrist, right elbow, left shoulder, and right shoulder. The patient's pain scale for the posterior neck was 7/10. The pain was moderate to severe as noted by the patient. The pain is expressed as dull, shooting and deep. The pain was reduced by medication, chiropractic treatment, and applying heat and resting while neck movement, prolonged sitting, and bilateral rotation increases condition. The patient states acupuncture treatment helps decrease her pain. Objective findings include decrease range of motion in the cervical spine and cervical tenderness. The patient was diagnosed with cervical disc displacement without myelopathy, headaches, shoulder tenosynovitis, post-op bilateral elbows, anxiety, probable post traumatic insomnia, and shoulder impingement rule out derangement bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

INFRARED LAMP ACUPUNCTURE, ONCE A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture treatment may be extended if there is documentation of functional improvement as defined in section 9792.20(f). According to the progress report dated 7/24/2013, the patient stated that acupuncture treatment helps to decrease her pain. However, there was no documentation of functional improvement from acupuncture treatment, therefore the provider's request for 6 infrared heat lamp acupuncture session is not medically necessary at this time.