

Case Number:	CM13-0031861		
Date Assigned:	12/04/2013	Date of Injury:	02/07/2001
Decision Date:	02/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 expert reviewer is Licensed 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 43-year-old female with a date of injury of 02/07/2001. According to the progress report dated 9/12/2013, the patient complained of neck, right shoulder, and upper back pain. Objective findings include decrease pain frequency from constant to intermittent, increase range of motion in the cervical spine, and her Oswestry score was decrease from 52% to 46%. The patient was diagnosed with CRPS bilateral upper extremity, myofascial pain spasms, reactive depression, and constipation by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6, Cervical/Upper, Back/Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 555-556, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had completed 10 acupuncture treatments. There was documented decrease of pain, increase range of motion, decrease in

Oswestry score from 52% to 46%, and decrease pain frequency from constant to intermittent. It was also noted that the patient was able to perform her activities of daily living such as grooming, household chores, dressing, and cooking with greater ease. The patient also reported improvement in her sleep patterns. Records submitted also indicated that the patient had decreased her Norco by almost 1/3. Based on the guidelines and documented functional improvement through acupuncture, the provider's request additional acupuncture 2 times a week for 6 weeks is medically necessary at this time.