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| Case Number: | CM13-0032311 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 01/17/2011 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 a Licensed Chiropractor and 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:

According to the UR dated 9/17/2013, the progress report dated 8/30/2013 revealed that the patient complained of neck and back pain with radiation down into his arm and leg. Significant objective findings included 60 degrees of flexion in the cervical spine, and 20 degrees in extension, and 30 degrees in rotation bilaterally. Lumbar exam revealed tenderness over lumbar area bilaterally with 20 degrees of flexion and extension. Neurological examination remained unchanged. The patient was diagnosed with cervical and lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It recommends a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the progress report dated 7/19/2013, the patient had some visit(s) of acupuncture and reported that

acupuncture helped. However, there was no documentation of objective functional improvement from acupuncture; therefore the provider's request for additional acupuncture session is not medically necessary.