

Case Number:	CM13-0035707		
Date Assigned:	12/13/2013	Date of Injury:	11/01/2007
Decision Date:	02/14/2014	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 physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 52 year old female with a date of injury of 11/1/07; no cause of injury was noted. On physical note, the patient noted neck pain radiating to the right upper extremity. The patient noted the acupuncture treatment has been helpful; she has been able to manage her pain. The physician at this time noted no significant changes. The diagnosis is chronic neck pain, bilateral upper extremity pain, C5/C6 radicular pain, and disk herniation at C4-5 and C5-6. The plan is to continue medication as prescribed, request eight more sessions of acupuncture, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight sessions of acupuncture for the neck and upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complains of neck pain radiating to the right upper extremity. The physician noted no significant changes in the clinical notes. Based on the information in the clinical notes, there has been no objective functional improvement. Per California guidelines,

acupuncture can be continued if functional improvement is documented. Therefore the request is non-certified.