

Case Number:	CM13-0038368		
Date Assigned:	12/18/2013	Date of Injury:	05/29/2006
Decision Date:	02/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 a licensed Chiropractor and Acupuncturist 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:

Claimant is 56 year old female who was involved in a work related injury on 5/29/2006. Her primary diagnoses are brachial neuritis, cervical radiculopathy, bilateral shoulder impingement, and status post cervical fusion. Per a PR-2 dated 9/11/13, the claimant has neck pain with numbness to the right side of her face and upper extremity. She has spasm, tenderness, and guarding with decreased range of motion. She also has decreased sensation over the C5-C6. Prior treatment includes oral medication, physical therapy, cervical fusion/surgery, post surgical physical therapy. The claimant had 3 acupuncture visits certified on 10/2/2014 and prior acupuncture of unknown quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 12; cervical, bilateral scapular regions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. The claimant had three acupuncture visits approved in September 2013. She also had prior acupuncture of unknown quantity. However, the provider failed to document completion and/or functional improvement associated with her previously approved acupuncture visits. Therefore twelve further visits of acupuncture are not medically necessary.