

Case Number:	CM13-0039785		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2012
Decision Date:	03/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 licensed in Chiropractic and 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 injured worker is a 61 year old female who reported neck and shoulder pain from injury sustained on 03/01/12. Patient was doing her regular and customary duties when she tripped and fell, she landed on her face. MRI dated 5/23/12 revealed 2 mm disc bulge with central canal stenosis, 3 mm disc protusion, mild left sided central canal stenosis and Left/right neural foraminal stenosis. Patient was diagnosed with cervical spine sprain/ strain. Patient was treated with medication and Acupuncture. Patient was seen for a total of 24 Acupuncture visits. Per notes dated 8/27/13 patient feels less pain with acupuncture, numbness on the left arm has improved. Acupuncture also helped her with Headaches. Per notes dated 10/17/13 patient continues to have Headaches, limited range of motion and pain of 5-8/10 without Acupuncture. Patient reported symptomatic improvement with treatment; however, there is lack of functional improvement. Patient hasn't had any long term symptomatic or functional relief with Acupuncture care. Patient continues to have pain and remains Permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the California Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines apply for acupuncture and acupuncture with electrical stimulation". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". With prior Acupuncture treatment patient had symptomatic relief; however, lacked any functional improvement. Per review of evidence, the Acupuncture treatments are not medically necessary.