

Case Number:	CM13-0046964		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2013
Decision Date:	05/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 a 59-year-old female who was injured in a work related accident on July 23, 2013. Clinical records for review include a recent September 25, 2013 assessment indicating continued complaints of subjective left neck, trapezius and rhomboid pain, 5/10 on a VAS pain score scale with no radiating pain. Physical examination findings demonstrated restricted cervical range of motion with full shoulder range of motion, 5/5 motor strength to the upper and lower extremities and normal sensory examination. The patient was diagnosed with a cervical and rhomboid strain. The plan at that time was for eight sessions of acupuncture with continued chiropractic care, a home exercise program and activity restrictions. There is no current indication of previous acupuncture having been performed. There is documentation of a significant course of physical therapy and chiropractic medicine. Clinical imaging is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 INITIAL ACUPUNCTURE FOR THE LEFT CERVICAL FOR 2 TIMES A WEEK FOR 4 WEEKS AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture Guidelines, eight sessions of acupuncture to the patient's cervical spine would not be indicated. Guidelines indicate that the role of acupuncture can be utilized for up to one to two months with an initial course of six sessions to demonstrate significant improvement or benefit. The specific initial request for eight sessions of acupuncture would exceed Guideline criteria that would not recommend the role of more than six sessions in the initial setting. The specific request in this case could not be supported as medically necessary at this time.