

Case Number:	CM13-0048184		
Date Assigned:	04/04/2014	Date of Injury:	12/10/2012
Decision Date:	05/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 Licensed in Chiropractic, 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 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 34-year-old female who reported injury on 12/10/2012. The mechanism of injury was a cumulative trauma. Per the documentation of 08/30/2013, a request for a continuation of acupuncture care. The clinical documentation indicated the injured worker had participated in 24 sessions of acupuncture previously. The diagnoses included myofascial pain syndrome and bicipital tendonitis. The request was made for additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 EVERY OTHER WEEK FOR 8 WEEKS FOR TOTAL OF 4 SESSIONS TO THE CERVICAL SPINE / NOT CERTIFIED BY PEER REVIEW:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in

activities of daily living or a reduction in work restrictions. The injured worker was noted to have participated in 24 sessions of acupuncture. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation indicating the treatment would be used as an adjunct therapy. Given the above, the request for acupuncture 1 every other week for 8 weeks for a total of 4 sessions to the cervical spine is not medically necessary.