

Case Number:	CM13-0049558		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2012
Decision Date:	03/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, has a subspecialty in 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 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 51-year-old female with a date of injury of 8/24/2012. According to the progress report dated 10/17/2013, the patient complained of burning neck, upper right extremity, and low back pain. The pain was constant and moderate to severe. There was numbness and tingling to the bilateral upper extremities from the neck pain. The patient also noted of feeling anxious, stressed, and depressed due to her inability to work and perform the normal day-to-day task of living. The patient complained of sleeping difficulty and was often awoken at night due to the pain. Significant objective findings included tenderness associated with muscle spasms at the cervical paraspinal and trapezius muscles as well as the spinous process C4-C7. There was decrease range of motion in the cervical spine. There was tenderness at the periscapular region, bicipital groove, and AC joint of the right shoulder. Neer's impingement sign was positive as well as Drop Arm test. The patient had tenderness at the lumbar paraspinal muscles and at the sacroiliac joint. Straight leg was positive at 35 degrees on the right and 30 degrees on the left. There was decrease range of motion in the right shoulder, wrist, and lumbar spine. The patient was diagnosed with cervical spine sprain/strain, cervical radiculopathy, right shoulder tendonitis, right wrist pain, lumbar spine sprain, lumbar radiculopathy, anxiety disorder, stress, and mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). There was evidence that the patient had prior acupuncture care. However, there was no documentation of functional improvement from acupuncture. The acupuncturist noted that the patient had fair overall progress and that the pain affected her daily activities on 80% (8/10 scale). There was no documentation of functional improvement to warrant additional acupuncture treatments; therefore, the provider's request for 12 acupuncture sessions twice a week for six weeks is not medically necessary at this time.