

Case Number:	CM13-0049959		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2011
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 licensed in Chiropractic, has a subspecialty 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 patient is a 60-year-old female with a date of injury of 06/16/2011. According to the progress report dated 12/05/2013, the patient was treated for cervicgia and chronic daily headache. The patient complained of stiff neck and pain in the left upper shoulder girdle. Significant objective findings consist of full range of motion in the cervical spine in extension and flexion, multiple dense myofascial trigger points in the left upper scapular, trapezius, and supraspinatus area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and left shoulder (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the medical records, the patient had a total of 4 acupuncture sessions. Two acupuncture treatments were performed on 6/19/2013 and 06/26/2013. According to the UR dated 10/23/2013, another two acupuncture sessions were approved and noted that further sessions to be supported if there is documented evidence of functional gains. The third acupuncture visit was performed on 12/04/2013 and fourth visit was the following

week. There was no documentation of functional improvement in the submitted documents. There were no changes to her subjective and objective findings following acupuncture treatment. The guideline states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence of functional improvement in the submitted documents; therefore, the provider's request for 6 additional acupuncture sessions to the neck and left shoulder is not medically necessary at this time.