

Case Number:	CM13-0063971		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2012
Decision Date:	06/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine, 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:

This is a 54 year old female who has reported the gradual onset of neck and upper extremity pain attributed to office work, with a date of injury listed as 8/29/12. She has been diagnosed with myofascial pain, strains, degenerative disc disease, and repetitive strain injury. She stopped working on January 8, 2013. Treatment has included referrals to multiple specialists, biofeedback, physical therapy, and medications. On 12/2/13, the treating surgeon prescribed physical therapy, chiropractic care, and acupuncture. The specific indications for acupuncture were not discussed in the PR2 from that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician did not discuss issues

with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the MTUS. The prescription is for 12 visits, which exceeds the quantity recommended in the MTUS. Acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS.