

Case Number:	CM13-0071936		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2009
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Board Certified in Acupuncture, has a subspecialty in Adiction Detoxification and is licensed to practice in New York. 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 applicant is a female employed by [REDACTED] to sort and recycle and while she was sorting and recycling and while building a heavy piece of metal, she felt a sharp pain in her right shoulder, neck and then down her right arm. Since this incident, the applicant underwent various modes of treatments including, but not limited to, psychological evaluation, multiple Xrays and MRI's of aforementioned injured areas, two epidural steroid injections, EMG/NCV studies, functional restorative programs, pain medication and anti-inflammatory medications.

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 FOUR WEEKS FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines ACUPUNCTURE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: CHRONIC PAIN, ACUPUNCTURE.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Documentation is not provided for measurable goals in functional improvement with the applicants daily activities, or of involvement in an active physical rehabilitation program or involvement in a program to reduce her pain medication at the time this

request was submitted. Therefore, as noted in the MTUS Guidelines, acupuncture therapy is not medically necessary for this applicant.