

Case Number:	CM14-0003194		
Date Assigned:	01/31/2014	Date of Injury:	08/07/2006
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 Acupuncture 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 who has filed a claim for an industrial injury to her cervical spine causing neck pain to radiate to left shoulder and arm; diagnosed with cervical radiculopathy with disc degeneration. The mechanism of injury is due to a bathroom door falling on top of her. Since this incident on 8/7/06, the applicant underwent care with an orthopedist, physical therapist, and treatment from an acupuncturist utilizing electric stimulation. Throughout the years, MRIs and X-rays were obtained, topical and oral anti-inflammatory applied as well as muscle relaxant and pain medication. Additionally, hot and cold modalities, trigger point injections administered too. As mentioned above, she had previous acupuncture treatments and subjectively stated it decreased her pain and increased her functionality; however, documentation provided does not demonstrate functional improvement objectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 4 SESSIONS CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER PHYSICAL TREATMENTS AND MODALITIES,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records provided for review indicate that the applicant has had prior acupuncture care without evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.