

Case Number:	CM14-0015943		
Date Assigned:	06/04/2014	Date of Injury:	05/01/2012
Decision Date:	07/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 41 year old male whose date of injury is 05/01/12. On this date he was involved in a motor vehicle accident. He has chronic cervical and lumbar sprain/strain. He is status post right arthroscopic subacromial decompression in 10/2012. Treatment to date includes 24 chiropractic sessions, facet injections, epidural steroid injections, medial branch blocks, and medication management. Electrodiagnostic studies (EMG/NCV) dated 09/17/13 indicates that there are no abnormalities. Note dated 03/03/14 indicates that the injured worker has had 5 sessions of acupuncture. However, after a day or so this caused him to have increased pain. Diagnoses are degenerative disc disease of the cervical, thoracic and lumbar spine, and left sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY FOR THE CERVICAL SPINE AND LUMBAR SPINE 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has undergone a trial of acupuncture without significant benefit. California Medical Treatment Utilization Schedule (CA MTUS) guidelines support ongoing acupuncture only with evidence of objective functional improvement. There are no specific, time-limited treatment goals provided. Given the lack of significant progress with acupuncture completed to date and the lack of specific goals of treatment, the request for eight (8) acupuncture therapy sessions for cervical spine and lumbar spine is not medically necessary.