

Case Number:	CM14-0019902		
Date Assigned:	04/28/2014	Date of Injury:	12/20/2004
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Addiction 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] who has filed a claim for a repetitive motion industrial injury to her cervical spine causing pain in her neck with persistent radiculopathy radiating bilaterally down both arms. The mechanism of injury was not provided. Since this incident on 12/20/14, the applicant underwent care with an orthopedist, twelve previous sessions of acupuncture, massage therapy; she is not on modified duty and working long hours causing her condition to flare up occasionally. Before 1/20/14, date of the utilization review determination, the applicant has received 12 sessions of acupuncture as a course of treatment approved periodically to help with the applicant's "flare-ups" of her condition. The claims administrator denied additional acupuncture therapy stating although the applicant has had relief in pain and claims she is able to work the longer hours necessary after treatment, no functional improvement has been documented with prior treatments. In addition, he states applicant is not involved in a physical rehabilitation or exercise program. Therefore, the claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such based on it being inconsistent with measurable goals according to California MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without any documentation showing 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.