

Case Number:	CM14-0127027		
Date Assigned:	08/13/2014	Date of Injury:	01/01/2008
Decision Date:	10/28/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Chiropractic Care, has a subspecialty in Acupuncture 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:

The patient is a 55-year-old male with a date of injury of January 01, 2008. According to the progress report dated July 2, 2014, the patient complained of cervical spine pain. The pain was constant. The patient stated that there was constant stiffness in the neck extending to the head and causes headache. In addition, it extends to the posterior shoulder on the right side and into the right arm causing numbness. Significant objective findings include stiffness and spasms in the cervical spine, pain with range of motion, and paraspinal muscle tenderness and tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (2 times per week for 6 weeks, for the cervical spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for chronic pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Based on the submitted documents, it appears that the patient did not receive acupuncture in the past; therefore, a trial is medically necessary at this

time. However, the provider's request for 12 acupuncture sessions exceeds the guidelines recommendation; therefore, the request is not medically necessary at this time.