

Case Number:	CM14-0154072		
Date Assigned:	09/23/2014	Date of Injury:	07/13/2009
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 a licensed Chiropractor, 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 56-year-old female with a date of injury of 7/13/2009. According to the progress report dated 8/26/2014, the patient complained of neck pain with radiation down the bilateral upper extremities and low back pain with radiation down bilateral lower extremities. The patient rated the pain at 3/10 with medication and 7/10 without medication. Significant objective findings include tenderness over the bilateral paravertebral C4 through C7 area and decreased range of motion in the cervical spine. The patient exhibited tenderness over the bilateral paravertebral area L4 through S1, spasm noted at L4-L5, and decreased range of motion. Motor exam revealed decreased strength in the right lower extremity. There was decreased range of motion in the left shoulder as well as tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Additional Treatment times 4 for the Right Wrist as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the report dated 7/29/2014, the

provider stated that the patient had prior good results with less than 24 total visits. (Acupuncture)
The provider also stated that the patient reported improved pain control and functional improvement. There was no documentation of the number of acupuncture sessions completed and no documentation of functional improvement from prior acupuncture care. Therefore the provider's request for 4 additional acupuncture sessions is not medically necessary at this time.