

Case Number:	CM14-0169158		
Date Assigned:	10/17/2014	Date of Injury:	07/30/2014
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 45-year-old female with a date of injury of 07/30/2014. According to the report dated 9/5/2014, the patient complained of sharp dull aching pain with stabbing, burning and shooting sensation in the cervical spine that radiates to the left upper extremity. The pain was rated at 7-8/10 and no alleviation of pain was reported. Repetitive use, activities at home and work worsen the pain. There was numbness, tingling, and burning sensation in the left arm, hand, and fingers. Significant objective findings include tenderness over the cervical paraspinals, trapezius, and rhomboids. Flexion and extension in the cervical spine was limited. Spurling test was positive on the left. There was diminished sensation in the C6 dermatome pattern on the left. The patient was diagnosed with cervical strain, trapezius strain, rhomboid strain, ligament and muscle strain and spasm, and left C6 cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6: Overturned

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 Acupuncture Medical Treatment Guideline recommends acupuncture for pain. The guideline recommends 3-6 visit with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. There was no evidence that the patient had completed a trial of acupuncture. The patient completed 12 physical therapy sessions and additional sessions were not authorized due to lack of medical necessity. Therefore, other therapies should be sought. The provider's request for 6 acupuncture sessions is medically necessary at this time.