

Case Number:	CM14-0170391		
Date Assigned:	10/20/2014	Date of Injury:	01/13/2014
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 in 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 42-year-old male with a date of injury of 1/13/2014. According to the progress report dated 8/28/2014, the patient complained of persistent neck pain that radiates to his face and down to his shoulders. The pain was described as a burning type of sensation. Looking down, turning, and reaching over the head makes the pain worse. Significant objective findings include tenderness to the bilateral upper trapezius and the suboccipital muscles with decrease cervical range of motion secondary to pain. Compression, Spurling, and distraction test was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guideline recommends acupuncture for 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. The patient was authorized 6 acupuncture

visits. There was no documentation of functional improvement from the 6 authorized acupuncture visits. Based on the guideline, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.