

Case Number:	CM14-0171588		
Date Assigned:	10/23/2014	Date of Injury:	05/29/2012
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Board Certified in Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 05/29/2012. The date of the utilization review under appeal is 09/18/2014. The patient's diagnoses include cervical strain with radicular symptoms, status post right shoulder arthroscopic surgery, and lumbar sprain with radicular complaints. The patient was seen in initial primary treating chiropractor evaluation on 08/27/2014. The physician at that time discussed the patient's history of working as a school bus driver since 2007 and an injury of 05/29/2012 to the neck, left elbow, chest, and low back when her vehicle was struck on the passenger side in the rear, and then that car ended up spinning and striking the driver's side of the bus. Subsequently the patient was treated with physical therapy and was due for MRI imaging of the neck and back and both shoulders and underwent surgery to the right shoulder and was also treated with a cervical epidural injection. At the time of the 08/27/2014 evaluation, the patient's treating physician recommended authorization for acupuncture based upon "medically reasonable treatment requirements."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine and right shoulder 2 times a week for 4 weeks, QTY: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 states that acupuncture may be used as an option to hasten functional recovery. This guideline recommends up to 6 initial visits in order to produce functional improvement. The medical records at this time do not clearly document functional goals for the proposed acupuncture treatment. Moreover, the requested 8 sessions of acupuncture exceed treatment guidelines for either initial or subsequent treatment. The records do not provide a rationale for an exception to this guideline. Therefore, for multiple reasons, the current request for 8 sessions of acupuncture is not supported by the treatment guidelines. This request is not medically necessary.