

Case Number:	CM14-0173522		
Date Assigned:	10/24/2014	Date of Injury:	05/14/2014
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 Chiropractic & 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:

Claimant is a 73-year-old male who sustained a work related injury on 5/14/2014. Per a PR-2 dated 9/4/2014, the claimant has pain in the constant dull pain in his neck, shoulders, and head. Cervical range of motion and shoulder range of motion are limited. He has mild weakness in the left shoulder and left elbow and decreased sensation to the left arm and middle finger. Spurling's test is positive and shoulder apprehension is positive on the right. Her diagnoses are cervicobrachial syndrome, post concussion syndrome, and sprain/strain of sacroiliac ligament. He is working with restrictions. Prior treatment includes physical therapy, home exercise program, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 8 weeks to The Neck, Upper Back, and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 16 visits exceeds the recommended guidelines of less than six. If functional improvement is documented,

further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement because of the completion of acupuncture. In addition, the duration and total amount of visits should be submitted.