

Case Number:	CM14-0174320		
Date Assigned:	10/27/2014	Date of Injury:	11/25/2009
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
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 licensed in Acupuncture and Chiropractic 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 female with the date of injury of 11/25/2009. According to the report dated 10/17/ 2014, the patient complained of pain in the cervical spine and occasional headaches. The cervical spine pain was described as sharp, throbbing, and aching. In addition to the pain in the cervical spine, the patient reported of pain and discomfort in the lumbar spine. The pain was described as aching, stabbing, sharp, and burning. The patient has difficulty with prolonged standing, walking, and growing up down the stairs. Significant objective findings include restricted range of motion in the cervical and lumbar spine. Positive cervical compression tests and positive straight leg raise test. There was tenderness in the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture may be extended if there's documentation of functional improvement. It was noted that the patient had attended 12 acupuncture sessions to date. There was no documentation of functional

improvement from the prior acupuncture sessions. Therefore, the provider's request for eight additional acupuncture sessions is not medically necessary at this time.