

Case Number:	CM14-0024049		
Date Assigned:	06/11/2014	Date of Injury:	09/23/2009
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Doctor of Chiropractic and is licensed to practice in Texas. 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 injured worker is a 34 year old male who reported an injury on 09/23/2009 due to cumulative trauma. On 02/04/2014 he reported sever neck and right shoulder pain along with bilateral arm pain left being greater than the right. Physical examination revealed tightness into the trapezial ridge on the right side and across the paracervical region, positive impingement sign to the left shoulder, and pain with forward flexion and elevation and impingement of the right shoulder. An MRI performed on an unspecified date showed minor disc bulging at C5-6 and a 3mm left sided protrusion involving the left neural foramina at C6-7 level. Diagnoses included cervical radiculopathy left C7, cervical facet syndrome, restricted range of motion of the neck, and right shoulder impingement syndrome. He was taking no medication at the time. The treatment plan is for acupuncture one time per week for four weeks to the upper back. The request for authorization form and rationale were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE TIME PER WEEK FOR FOUR WEEKS TO THE UPPER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture one time per week for four weeks to the upper back is non-certified. Per California MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It was noted that the injured worker reported taking no medications at the time and had returned to work. In addition, there is no documentation of an ongoing physical rehabilitation program or surgical intervention. The documentation provided lacks the necessary steps needed to warrant use of acupuncture. Therefore, the request is non-certified.