

Case Number:	CM14-0027250		
Date Assigned:	04/23/2014	Date of Injury:	09/09/2009
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This 49 year old male claimant sustained a work injury on 9/9/09 involving his neck. An MRI of the neck on 2/4/10 showed bulging discs on C5-C6 level and C6-C7. An EMG was negative. A progress note on 8/29/13 indicated the claimant had a flare of pain. He was undergoing PT and had acupuncture in the past but continued to be stiff. He was on Motrin and Zanaflex for pain relief. Exam findings noted cervical spine tenderness. He was given additional oral analgesics and an authorization request was made for acupuncture 2 times a week for 4 weeks. An exam report on 11/21/13 noted another neck pain flare. He was continuing acupuncture and analgesics. A recent request was made on 2/4/14 for an additional 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS ON THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Neck & Upper Back Complaints and Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In this case, the claimant had undergone more than 4 months of therapy. Pain scale findings and physical exam notation of clinical improvement are not mentioned or specified. Based on the guidelines, acupuncture is no longer medically necessary and exceeded the amount of treatments indicated.