

Case Number:	CM14-0028936		
Date Assigned:	06/16/2014	Date of Injury:	08/05/2010
Decision Date:	07/16/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

The claimant is a 64 year old male who sustained a work related injury on 8/5/2010. Prior treatment includes acupuncture, physical therapy, chiropractic, injection, arthroscopic surgery, and oral medication. Per a Pr-2 dated 2/21/2014, the claimant has neck pain radiating to the bilateral upper extremities. The right side is worse than the left side with numbness and tingling. He also has right shoulder pain which is sharp and low back pain which is sharp. He has positive orthopedic tests of cervical compression, cervical jacksons on the R, hoffman's on the R, and Rombergs, and R shoulder apprehension, and Tinel on the R elbow. His diagnoses are cervical IVD displacement without myelopathy, right C5 radiculopathy, and status post arthroscopic repair of the right shoulder. He is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an initial trial of acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore eight further acupuncture sessions are not medically necessary.