

Case Number:	CM14-0029199		
Date Assigned:	06/16/2014	Date of Injury:	09/17/2001
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 has a subspecialty in 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 patient is a 58 year old male with a date of injury of 09/17/2001. According to the progress report dated 10/21/2013, the patient complained of neck pain and left scapular pain with radiation down to left upper extremity. The patient denies any numbness, tingling, and weakness. The provider noted that the patient had an aggravation of his neck pain. Significant objective findings include decrease cervical range of motion, tenderness in the left periscapular region, sensory exam intact to light touch, and deep tendon reflex 1/4 in the right triceps. The patient was diagnosed with cervical strain and lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWELVE (12) SESSIONS FOR 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 Acupuncture guidelines states that acupuncture may be extended if there is documentation of functional improvement. The provider noted that the patient has been seeing an acupuncturist for 16 sessions and reports relief of pain after treatment but it is not long lasting. The provider's request for additional 12 acupuncture sessions for the upper back is not medically necessary because there was no documentation of functional improvement from the previous acupuncture sessions.