

Case Number:	CM14-0035678		
Date Assigned:	07/21/2014	Date of Injury:	08/29/2008
Decision Date:	10/07/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This case involves a 45-year-old female with a date of injury of 8/29/2008. According to the progress report dated 2/10/2014, the patient complained of headaches, radicular neck pain, radicular low back pain, stress, anxiety, and depression. The neck pain was rated at 8/10 and 7/10 for the low back. Significant objective findings include cervical paraspinal muscle and trapezius tenderness; and decrease range of motion and positive maximal foraminal compression test. There was a decreased sensation in the bilateral upper extremities and decrease motor strength in the bilateral upper extremities and lower extremities. Lumbar spine exam revealed paraspinal muscle tenderness, bilateral posterior superior iliac spine, and positive straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: 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 is documentation of functional improvement. Records indicate that the

patient had acupuncture treatments in the past. However, there was no documentation of functional improvement from those sessions. Based on the guidelines and lack of documentation of functional improvement from past acupuncture, the provider's request for additional acupuncture 2 times a week for 6 weeks is not medically necessary.