

Case Number:	CM14-0056806		
Date Assigned:	07/09/2014	Date of Injury:	09/03/2013
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 is a 45-year-old female with a 9/3/13 date of injury. The mechanism of injury was not noted. According to a 4/15/14 progress report, the patient stated that she developed severe neck pain yesterday which radiated down her right arm. She had to be evaluated by [REDACTED] physicians who prescribed her Mobic and a muscle relaxant. The patient continued to have sharp neck pain that radiated to her right hand. She continued to have back ache. Objective findings: tenderness to palpation of trapezius, full ROM of cervical spine, tenderness to palpation of paraspinals, limited ROM of lumbar spine. Diagnostic impression: neck muscle strain, lumbar muscle strain. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 4/14/14 denied the request for 6 sessions of acupuncture. There is no evidence of ongoing functional improvement which would support additional acupuncture at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions to the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. It is documented that the patient has already completed 12 acupuncture sessions. However, the reports reviewed do not provide any documentation of functional improvement or pain relief from the prior acupuncture treatment. Therefore, the request for Acupuncture 6 sessions to the cervical and lumbar spine was not medically necessary.