

Case Number:	CM14-0072752		
Date Assigned:	07/16/2014	Date of Injury:	08/26/2008
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 44-year-old male with a date of injury of 8/26/2008. According to the progress report dated 4/09/2014, the patient complained of left posterior neck, bilateral lower back, left shoulder, mid back, and upper back pain. The left posterior neck pain is rated at 6/10, bilateral lower back 7/10, left shoulder 4/10, mid back 2/10, and the upper back pain was rated at 2/10. The patient stated that the pain is made worse with activities and lessened with rest. Significant objective findings include decreased range of motion in the cervical spine, lumbar spine, and left shoulder. There was tenderness in the cervical region bilaterally, positive bilaterally max compression, and negative Spurling's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week x 6weeks for the neck and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline recommends acupuncture for pain. The guideline states that acupuncture may be extended if there is documentation of

functional improvement. According to the submitted records, the patient had prior acupuncture care. The patient stated that acupuncture helped him 20-30% for about 24 hours after treatment. The self-assessment of activities of daily living functions and improvement after treatment before acupuncture was 93 and after treatment the score was 91. There were no significant clinical and objective findings in the submitted documents to warrant additional acupuncture sessions. Therefore, the provider's request for 1 Acupuncture session per week for 6 weeks is not medically.