

Case Number:	CM14-0089891		
Date Assigned:	10/09/2014	Date of Injury:	08/09/2010
Decision Date:	11/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 40-year-old female with a date of injury of 08/09/2010. According to the progress report dated 3/06/2014, the patient complained of left shoulder and neck pain. Physical therapy was noted to improve the patient's symptoms. Significant objective findings include abnormal range of motion findings in the thoracic and lumbar spine, tenderness over the paraspinals bilaterally, and positive straight leg raise test bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trail of Electroacupuncture/Acupuncture for the Cervical spine, Lumbar spine and Shoulders, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline recommends an initial trial of 3-6 acupuncture visits for chronic pain. It states that with documentation of functional improvement acupuncture may be extended. Records indicate that the patient had acupuncture in the past. In addition, there was no functional improvement from the prior acupuncture sessions. The patient has had a trial of

acupuncture with no documentation of functional improvement. Therefore, provider's request for a trial of 6 acupuncture sessions is not medically necessary at this time.