

Case Number:	CM14-0184849		
Date Assigned:	11/12/2014	Date of Injury:	10/19/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 a licensed Chiropractor & Acupuncturist, 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 57-year-old female with a date of injury of 10/19/2010. According to the report dated 10/08/2014, the patient complained of neck and right shoulder pain. The pain was rated 8/10. It was described as sharp, numbness, and tingling. Significant objective findings include tenderness along the midline, tenderness in the right paraspinal muscles, full range of motion in the cervical spine with some pain, and positive Spurling's maneuver on the right. The patient had full range of motion in the shoulder bilaterally. Impingement sign was positive. Sensory and motor exams were unremarkable. The patient was diagnosed with cervical radiculopathy down the right arm and right shoulder impingement syndrome with bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2

months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Upon review of the submitted documents, it appears that the patient did not complete a trial of acupuncture care. Based on the guideline, the provider's request for 6 acupuncture sessions is within the guidelines and therefore is medically necessary at this time. Additional acupuncture session beyond the initial trial is medically necessary if there is documentation of functional improvement.