

Case Number:	CM14-0189690		
Date Assigned:	11/20/2014	Date of Injury:	04/15/2014
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 a licensed Doctor of 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 37-year-old male with a date of injury of 4/15/2014. According to the report dated 10/02/2014, the patient complained of intermittent sharp neck pain with radiation into the right upper extremity with numbness and tingling. The pain was rated 4-5/10. Significant objective findings include decreased cervical spine range of motion by 20 percent in all planes. There was pain at the end range. Shoulder depression was positive bilaterally. There was tenderness over the C1 and C7 spinous process. The patient was diagnosed with brachial neuritis/radiculitis non specified and sprain/strain of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks, cervical spine, infrared therapy, acupuncture with stimulation 15 min and additional 15 min: 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 Guidelines recommends acupuncture for chronic pain. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits.

The guidelines state that acupuncture may be extended if there is documentation of functional improvement. However, the provider's request for 8 acupuncture sessions exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary.