

Case Number:	CM14-0196233		
Date Assigned:	12/04/2014	Date of Injury:	09/08/2004
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), 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 42 year old female injures worker suffered an industrial repetitive stress injury on 9/8/2004 while performing her duties as an accountant. The complaints at that time were of neck and upper back pain. The medical records were very limited for past medical care and therapy. There was mention of past physical therapy and trigger point injections. The physician's progress note of 9/22/2014 indicated the injured worker complained of persistent neck pain radiating into the upper extremities. She relates that the acupuncture has been most helpful and is requesting further sessions. The current treatment plan included medications with the addition of Lyrica, a trial of Tramadol as needed, home exercise program and continuation of the home interferential unit. The exam revealed diffuse cervical spine tenderness and right periscapular tenderness. There was no medical record evidence of the level of pain and how effective acupuncture therapy was. The UR decision on 10/22/2014 to deny the requested additional acupuncture sessions was premised on the lack of documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture of the Cervical Spine Qty: 6: 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 guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient has persistent neck pain radiating into the upper extremities and feels that acupuncture was the most helpful. However, there was no documentation of functional improvement with acupuncture in the past. There was no documentation of reduction in dependency on continued medical treatment. Based on the lack of functional improvement, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.