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| Case Number: | CM14-0209485 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 04/06/2010 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Acupuncture, has a subspecialty in Chiropractic 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:

Claimant is a 53 year old male who sustained a work related injury on 4/5/2010. Per a Pr-2 dated 12/5/2014, the claimant is working full duty and that his neck pain is aggravated with turning and bending. His diagnoses are cervical disc disease, cervical radiculopathy, and shoulder impingement. Physical examination findings show limited cervical range of motion, positive spurlings, limited shoulder range of motion, positive Hawkins, positive Neers, decreased sensation along C6-C7 distribution in the upper extremities, decreased strength in intrinsic and grip strength. Prior treatment includes medications and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines state that acupuncture "is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It appears that this is a request for an initial acupuncture trial. Based on the file presented it does not appear

that pain medications are reduced or not tolerated nor is the request used adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. Further the request of 8 acupuncture exceeds the recommendation of 6 visits for an initial trial to establish objective functional improvement. Based on this information the request for 8 acupuncture visits is not medically necessary.