

Case Number:	CM14-0069273		
Date Assigned:	07/14/2014	Date of Injury:	03/29/2012
Decision Date:	09/29/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 60 year old male with an industrial injury dated 03-29-2012. The injured worker's diagnoses include cervical disc bulge C5-C7 and right shoulder arthroscopy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-18-2014, the injured worker reported right shoulder pain, cervical spine pain and bilateral hands and wrist pain with numbness. The injured worker rated right shoulder pain and bilateral hands and wrist pain rated 7 out of 10. The injured worker rated cervical spine pain rated 6 out of 10. Objective findings revealed pain with right shoulder range of motion. The treatment plan consisted of medication management. The treating physician prescribed services for eight initial acupuncture sessions to the cervical spine, 2x a week for 4 weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Initial Acupuncture sessions to the Cervical Spine, 2x a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X4 acupuncture sessions to the cervical spine which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.