

Case Number:	CM15-0016287		
Date Assigned:	02/04/2015	Date of Injury:	08/07/2011
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Ohio

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 female, who sustained an industrial injury on 08/07/2011. On provider visit dated 12/01/2014 the injured worker has reported upper back and bilateral shoulder discomfort. On physical exam she was noted to have tenderness to palpation over the cervical paraspinal muscles worse on left side, trigger points in upper trapezius muscle of the left side moving down into the mid back, decreased range of motion of the cervical spine and left shoulder. Neer's test was positive bilaterally. The diagnoses have included cervical stenosis, cervical radiculopathy and shoulder impingement. Treatment to date has included acupuncture and medication. Treatment plan included acupuncture 2 times a week for 4 week (total of 8 sessions) for the cervical spine. On 01/20/2015 Utilization Review non-certified acupuncture 2 times a week for 4 week (total of 8 sessions) for the cervical spine, as not medically necessary. The CA MTUS Acupuncture Medical Treatment Guidelines were cited.

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 week (total of 8 sessions) for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended functional improvement is documented. The injured worker has completed an adequate trial of acupuncture with no evidence of objective functional improvement. There is also no evidence of a decrease in subjective complaints. Based on the MTUS acupuncture medical treatment guidelines and the lack of objective functional improvement the request for additional acupuncture two times a week for four weeks for the cervical spine is not medically necessary.