

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0017257 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 03/17/2010 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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 claimant is a 33 year old female who was injured on 3/17/10, in the course of her employment while performing a physical restraint. Symptoms include left shoulder, neck pain, and headaches. PR-2 dated 12/18/14 notes continued headaches, neck spasm, and spasms that extend towards her left shoulder and low back. Previous treatment has included acupuncture, medication, TENs, and massage. Diagnoses include shoulder pain and cervical sprain/strain. UR decision dated 1/22/15 non-certified a request for 12 acupuncture visits citing a lack of objective functional improvement and MTUS Acupuncture Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the file presented the claimant was authorized for 8 acupuncture visits in June of 2013. This would provide an adequate trial to establish functional

improvement. The results of these treatments is not documented. Due to the lack of objective functional improvement from the previous treatment and the MTUS guidelines, the request for 12 acupuncture treatments is not medically necessary.