

Case Number:	CM15-0132400		
Date Assigned:	07/20/2015	Date of Injury:	06/25/2014
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

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 52-year-old female, who sustained an industrial injury on June 25, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural steroid injection, medication and acupuncture. Currently, the injured worker complains of right sided low back pain that radiates intermittently down her leg and increasing neck pain (left greater than right). The injured worker is diagnosed with cervicgia. Her work status is return to work with modifications. An acupuncture therapy note, dated April 14, 2015, states the injured worker is getting better. A note dated May 18, 2015, states the injured worker is experiencing progress with acupuncture, but still complains of neck (base) and bilateral shoulder pain. A note dated June 22, 2015, states there was no change in symptoms from the epidural injection. The note also states the injured worker is unable to tolerate Tramadol and non-steroidal anti-inflammatory drugs. The note further states that acupuncture has been the most helpful to treat the injured workers pain and increase her range of motion; therefore, acupuncture (2x a week for 4 weeks) to the cervical spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/Wk x 4 Wks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had subjective benefits. Despite continued acupuncture, the claimant continues to be symptomatic. However, the provider fails to document objective functional improvement associated with acupuncture. This request is not medically necessary.