

Case Number:	CM15-0191329		
Date Assigned:	10/05/2015	Date of Injury:	03/17/2007
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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:

This is a 50 year old female who sustained an industrial injury on 3-17-2007. A review of the medical records indicates that the injured worker is undergoing treatment for ulnar neuritis, cervical disc bulge, cervical radiculitis, cervical disc degeneration, calcifying tendinitis of shoulder and adhesive capsulitis. Medical records (3-10-2015 to 7-7-2015) indicate ongoing neck and right shoulder pain. The injured worker reported good pain relief and improved motion of neck from previous acupuncture. She rated her neck pain 5 to 6 out of 10 on 3-10-2015 and 3 out of 10 on 7-7-2015. She reported radicular symptoms in the right upper extremity to the hand. The physical exam (7-7-2015) revealed palpable spasms and tenderness over the paracervical region. There was pain with all cervical range of motion. Treatment has included acupuncture (12 sessions from 12-22-2014 to 2-26-2015), steroid injection and medications. The original Utilization Review (UR) (9-3-2015) denied a request for acupuncture for the right shoulder and the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture care in the past. It was noted that provides temporary relief. There was no documentation regarding functional improvement. Additional acupuncture sessions are not demonstrated to be necessary at this time. Based on the lack of functional improvement from prior acupuncture session, the provider's request for 12 acupuncture session to the right shoulder is not medically necessary at this time.

Acupuncture 2x6 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Documentation revealed that the patient received acupuncture in the past with temporary relief. There was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 12 acupuncture session to the cervical spine is not medically necessary at this time. The guidelines states that acupuncture may be extended with documentation of functional improvement.