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| Case Number: | CM15-0200881 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 06/14/2013 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 33-year-old female with a date of industrial injury 6-14-2013. The medical records indicated the injured worker (IW) was treated for cervicgia, status post left shoulder surgery. In the notes (9-15-15), the IW reported pain across the neck and upper thoracic region with referred pain to the shoulder blade and left upper extremity rated 5 out of 10. On examination (9-15-15 notes), there was tenderness over the cervical paraspinals, trapezius, parascapular region and supraspinatus. Otherwise, the exam was within normal limits. Treatments included chiropractic care (pain was worse), physical therapy (left shoulder), acupuncture, Ibuprofen and soft tissue injections. The physical therapy notes indicated the treatment was for the left shoulder. There were no other treatment notes to review; it was unclear if the IW actually received acupuncture previously and which area of the body was treated. Per a note dated 3/31/2015, the claimant has underwent PT, chiropractic, and acupuncture without improvement. A Request for Authorization was received for eight sessions of acupuncture for the cervical spine. The Utilization Review on 10-2-15 non-certified the request for eight sessions of acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for treatment of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 acupuncture of unknown quantity and duration with no documented improvement. Since the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.