

Case Number:	CM15-0205287		
Date Assigned:	10/22/2015	Date of Injury:	10/03/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 54 year old man sustained an industrial injury on 10-3-2014. Diagnoses include neck sprain-strain, thoracic spine pain, and lumbar spine sprain-strain. Treatment has included oral and topical medications. Physician notes dated 8-10-2015 show complaints of neck pain with increased spasms in the cervical and thoracic spine region. The worker is back to work full time. The physical examination shows myofascial trigger points to the cervical spine with bilateral paraspinal muscle spasm. Cervical spine range of motion is noted to be "full", stable, and with normal strength. The shoulder joint shows normal strength, reflexes, and normal sensation down the arms with vertebral spine tenderness. Recommendations include acupuncture, continue medication regimen, continue full time employment, and follow up in two months. Utilization review denied a request for acupuncture on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and thoracic region, once a week for six weeks: 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 state that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture treatments in the past. However, there was no documentation of functional improvement from prior acupuncture session. The provider's request for 6 additional acupuncture visits is medically necessary at this time.