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| Case Number: | CM15-0221501 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 06/23/2014 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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 41 year old male with a date of injury of June 23, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right parascapular pain, and significant deconditioning of the right parascapular region. Medical records dated April 20, 2015 indicate that the injured worker complained of right shoulder blade pain and some neck pain. A progress note dated October 1, 2015 documented complaints of right scapular region pain with spasms. Per the treating physician (October 1, 2015), the employee was permanent and stationary. The physical exam dated April 20, 2015 reveals tenderness to palpation of the cervical paraspinal and right periscapular region with spasms, positive Spurling's maneuver on the right, and full range of motion of the cervical spine. The progress note dated October 1, 2015 documented a physical examination that showed tenderness to palpation of the right periscapular region with spasms, and full range of motion of the cervical spine. Treatment has included physical therapy, chiropractic treatment, and medications (Naproxen and Prilosec). The utilization review (October 29, 2015) non-certified a request for six sessions of acupuncture for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The provider's request for 6 acupuncture session is not medically necessary at this time. According to the report dated 11/12/2015, the patient completed 6 acupuncture sessions. The patient reported decrease in pain from 8/10 to 5/10. There was no documentation of functional improvement from the acupuncture trial. The guideline states that acupuncture may be extended with documentation of functional improvement. Therefore, additional acupuncture session was not demonstrated to be medically necessary at this time.