

Case Number:	CM15-0030970		
Date Assigned:	02/24/2015	Date of Injury:	11/10/2010
Decision Date:	05/05/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 48-year-old female, who sustained an industrial injury on 11/10/2010. She has reported injury to the cervical, thoracic, and lumbar spine. The diagnoses have included brachial neuritis; cervical radiculopathy; lumbago, and bilateral carpal tunnel release. Treatment to date has included medications, diagnostics, epidural injection, acupuncture, physical therapy, and surgical intervention. A progress note from the treating physician, dated 07/14/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in her neck and lower back. Objective findings included cervical spine tenderness to palpation with spasms over bilateral paravertebral muscles that extend into the upper trapezius muscles; and tenderness to palpation with spasms over the bilateral paravertebral muscles of the lumbar spine. The treatment plan has included chiropractic therapy and follow-up evaluation. The current request is being made for Acupuncture evaluate and treatment 3x3 for brachial neuritis and sprain of neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluate and treatment 3x3 for brachial neuritis and sprain of neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture treatment guidelines states that acupuncture may be extended with documentation of functional improvement. It was reported that the patient had 6 acupuncture sessions from 10/15/2014-11/03/2014. There was no documentation of functional improvement from the 6 prior acupuncture sessions. Therefore, the provider's request for 9 acupuncture sessions for brachial neuritis and sprain of neck is not medically necessary at this time.