

Case Number:	CM15-0031808		
Date Assigned:	02/25/2015	Date of Injury:	08/23/2005
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
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 66-year-old female with an industrial injury dated 08/23/2005. Her diagnoses include flare-up of chronic cervical strain with cervical dystonia, headaches, left upper extremity strain, left shoulder mild tendinitis, left frozen shoulder, lightheadedness of questionable etiology, and non-industrial tinnitus. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, and acupuncture 70 sessions per the utilization review report. In a progress note dated 12/18/2014, the treating physician reports persistent neck pain, headaches and left shoulder pain. The objective examination revealed tenderness to the left side of neck. The physician reported that the injured worker had not had any acupuncture this year due to personal cost. The treating physician is requesting 6 sessions of acupuncture for the cervical spine which was denied by the utilization review. On 01/22/2015, Utilization Review non-certified a request for 6 sessions of acupuncture for the cervical spine, noting the lack of documented functional improvement. The MTUS Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of 6 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:

Six sessions of acupuncture for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture in the past. The provider noted that acupuncture enable her to function better. However, there is no objective quantifiable documentation regarding functional improvement from acupuncture care. Therefore, the provider's request for 6 acupuncture session for the cervical spine is not medically necessary at this time.