

Case Number:	CM15-0039543		
Date Assigned:	03/09/2015	Date of Injury:	10/27/2013
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 October 27, 2013. She reported an injury to her low back and left leg as a result of cumulative trauma. The injured worker was diagnosed as having chronic pain syndrome and shoulder/arm sprain. Treatment to date has included physical therapy, acupuncture, durable medical equipment, medication and diagnostic studies. Currently, the injured worker complains of continued upper back pain with numbness and tingling radiating to the face.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture sessions 2 times a week for 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Neck (2014), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines also indicate that further acupuncture care could be supported for medical necessity "if functional improvement is documented as either a

clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After rendering the last six acupuncture sessions, when compared the neck index disability at session 1/6 with the scores at session 6/6, not only the patient did not improve, but got worse. Without any functional benefits obtained with prior acupuncture, additional acupuncture care will not be supported as reasonable and necessary by the guidelines.