

Case Number:	CM15-0042692		
Date Assigned:	04/10/2015	Date of Injury:	05/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on May 29, 2014. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, spinal stenosis, degeneration of cervical intervertebral disc, right shoulder impingement syndrome. Treatment and diagnostic studies to date have included medication. A progress note dated January 26, 2015 provides the injured worker complains of neck and upper extremity pain with numbness in the hands. Physical exam notes the injured worker to be in distress, depressed and crying. There is cervical tenderness on palpation and with range of motion (ROM). Spurling's test is positive. The plan includes acupuncture and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture BIW times four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On 11/26/14, there was documentation of failed prior acupuncture as a modality for cervical pain relief. The guidelines recommend acupuncture as an option for pain relief when other modalities are not beneficial. Therapeutic relief can take 3-6 sessions. In this case, the claimant completed an unknown amount of acupuncture. There was no benefit previously. The request for 8 additional acupuncture sessions is not medically necessary.