

Case Number:	CM15-0045988		
Date Assigned:	03/18/2015	Date of Injury:	10/01/2012
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The injured worker was a 40 year old female, who sustained an industrial injury, October 1, 2012. The injured worker previously received the following treatments physical therapy, Norco and Flexeril. The injured worker was diagnosed with chronic cervical myofascial pain with flare-up, disc protrusion at C5-C6 and right C-C6 radicular syndrome persistent. According to progress note of January 22, 2015, the injured workers chief complaint was right-sided neck, right shoulder pain and right upper extremity pain. The pain was 7 out of 10; 0 being no pain and 10 being the worse pain; when turning the head and holding the right arm up, loading, looking down with intensify the pain more sharp. The physical exam noted tenderness over the trapezius with spasms of the superior fibers and tenderness splenius capitis and supraspinatus. The Spurling's maneuver was positive the impingement syndrome sign was negative. The treatment plan included acupuncture 2 times a week for 4 weeks in house on January 22, 2015. Per a PR-2 dated 3/5/2015, the claimant reports feeling overall better with no new symptoms. She is working with modifications. The claimant has had prior acupuncture. Per a Pr-2 dated 10/1/12, the claimant had six acupuncture session with 25% improvement. Other acupuncture notes are dated 1/6/15, 12/30/14, 12/26/14, 12/9/14, 12/2/14, 11/25/14, 11/18/14, and 11/11/14 and are mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. In addition, the claimant has had at least seven recent visits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.