

Case Number:	CM15-0053079		
Date Assigned:	03/26/2015	Date of Injury:	04/18/2002
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 72 year old female who sustained an industrial injury on 4/18/02. The injured worker reported symptoms in the neck, bilateral shoulders and left elbow. The injured worker was diagnosed as having cervical radiculitis, bilateral periscapular myofascial strain, left cubital tunnel syndrome and left Guyon's canal compression. Treatments to date have included ice, oral pain medication, epidural steroid injections, acupuncture therapy, chiropractic treatments, and Nerve Conduction Velocity/Electromyography. Currently, the injured worker complains of pain in the neck, bilateral shoulders and left elbow. The plan of care was for acupuncture therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Acupuncture therapy sessions for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, acupuncture.

Decision rationale: The medical records indicate pain in the neck, bilateral shoulder and left elbow. The insured has had acupuncture. ODG guidelines support continued acupuncture with demonstrated outcome from initial trial of therapy. As the medical records do not indicate specific functional outcome from initial therapy, the medical records do not support continued acupuncture. Therefore, the requested treatment is not medically necessary.