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| Case Number: | CM15-0053157 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 07/28/1990 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/10/2015 |
| 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: 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 52 year old male who sustained an industrial injury on 07/28/90. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, chiropractic treatments, epidural steroid injections, and exercises. Diagnostic studies are not discussed. Current complaints include neck pain. In a progress note dated 02/21/15, the treating provider reports the plan of care as continued acupuncture, chiropractic, and exercises. The requested treatment is acupuncture to the neck, upper back, shoulders and arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional Acupuncture for Neck, Upper Back, Shoulders and Arms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guideline states that acupuncture may be extended if there is documentation of

functional improvement. The patient has had acupuncture in the past. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 10 additional acupuncture sessions is not medically necessary at this time.