

Case Number:	CM15-0081447		
Date Assigned:	05/04/2015	Date of Injury:	11/30/2011
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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 57 year old female, who sustained an industrial injury on 11/30/2011. Diagnoses have included cervicalgia, cervical discopathy, left shoulder internal derangement, left cubital tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), acupuncture, cervical epidural steroid injection and medication. According to the progress report dated 3/3/2015, the injured worker complained of constant pain in the cervical spine characterized as sharp with stiffness. There was radiation of pain into the left upper extremity with numbness and tingling. There were also associated headaches as well as tension between the shoulder blades. The injured worker complained of constant pain in the left upper extremity. The pain was rated 7/10. Exam of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Cervical spine range of motion was limited with pain. Exam of the left upper extremity revealed tenderness at the left shoulder. Impingement sign was positive. Authorization was requested for acupuncture to the cervical spine. Per a PR-2 dated 10/29/2014, the claimant has had sessions of acupuncture and reports improved pain and functional improvement. Per a PR-2 dated 11/26/2014, the claimant has had five sessions of acupuncture with benefit. She is sleeping better, reduce pain, increase energy. She also is able to take less medications and work full time. Per a Pr-2 dated 1/7/2015, the claimant has had 9 sessions of acupuncture with the same reported benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 had subjective benefits that were reported the same each time. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.