

Case Number:	CM15-0081655		
Date Assigned:	05/04/2015	Date of Injury:	11/28/2011
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
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 34 year old female, who sustained an industrial injury on November 28, 2011. She was diagnosed with a left shoulder impingement syndrome, cervical strain, thoracic strain and lumbar strain. Treatment included pain medications, acupuncture, medication management and H-wave device. Currently, the injured worker complained of neck pain radiating into the shoulders, with numbness radiating down into the arms and hands. She also complained of low back pain radiating into the buttocks. The treatment plan that was requested for authorization included acupuncture for the cervical spine, lumbar spine and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks cervical spine, lumbar spine, thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the report dated

3/24/2015, the provider noted that the patient had received 6 acupuncture sessions in the past 4 months and it was helpful. There was no documentation of functional improvement from prior acupuncture session to warrant additional sessions. Therefore, the provider's request for 12 acupuncture sessions to the cervical, thoracic, and lumbar spine is not medically necessary at this time.