

Case Number:	CM15-0081971		
Date Assigned:	05/04/2015	Date of Injury:	08/30/2013
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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 50 year old male, who sustained an industrial injury on 8/30/2013. He reported neck and bilateral shoulder pain. The injured worker was diagnosed as having chronic pain, cervical radiculitis, and bilateral shoulder pain. Treatment to date has included medications, x-rays, acupuncture, and home exercise program. The request is for additional acupuncture for the cervical spine and bilateral shoulders. On 10/3/2014, he had neck and bilateral shoulder pain, for which his treatment plan included continuation of TENS, home exercising, and acupuncture. He had completed 2 acupuncture sessions with no documented result. On 10/31/2014, he had continued neck and bilateral shoulder pain. He was given trigger point injections. He reported acupuncture, chiropractic therapy and medications to be helpful by 90%. He reported having functional improvement with this treatment. The number of completed acupuncture sessions is not documented on this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of neck and bilateral shoulder pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. The guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had prior acupuncture treatment. The provider reported that acupuncture was helpful. It was reported that the patient had improvement in sleep, decrease medication, and working. Based on the documentation of functional improvement, additional acupuncture treatments are necessary. Therefore, the provider's request for acupuncture sessions 1-2 times a week for 4 weeks (up to 8 sessions) are medically necessary at this time.