

Case Number:	CM15-0083567		
Date Assigned:	05/05/2015	Date of Injury:	03/21/2012
Decision Date:	06/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old female who sustained an industrial injury on March 21, 2012. She has reported neck and shoulder pain and has been diagnosed with cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, and brachial neuritis or radiculitis not otherwise specified. Treatment has included medication and acupuncture. Progress reported dated October 30, 2014 noted that her pain was a 7/10 with her worst pain being a 9/10. Examination noted the cervical spine revealed restricted range of motion with extension and flexion. There was positive tenderness to palpation over the bilateral cervical paraspinal muscles and there was a positive Spurling's maneuver on the left. There was tenderness to palpation over the anterior and posterior aspect of the bilateral shoulders with full range of motion. The treatment request included acupuncture x 8 to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times eight C/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture times eight C/S is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation indicates that the patient has had prior acupuncture but there is no evidence of significant functional improvement as defined by the MTUS. The request for additional acupuncture is not medically necessary.