

Case Number:	CM14-0139720		
Date Assigned:	09/05/2014	Date of Injury:	08/27/2013
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female with an 8/27/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/6/14 noted subjective complaints of improved low back and neck pain after chiropractic treatment. It is noted that the patient has had 8 prior acupuncture sessions with good pain relief. Objective findings included from cervical spine and nearly from shoulders. Diagnostic Impression: cervical/lumbar strain Treatment to Date: medication management, TENS, Acupuncture, and Chiropractic. A UR decision dated 8/19/14 denied the request for additional acupuncture sessions x 6 to the low back and neck. There is documentation that describes how the prior course of Acupuncture improved the patient's activities of daily living or reduced the work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Sessions X 6 to the Low Back and Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement

in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. There is documentation of pain relief from the prior 8 acupuncture sessions. However, there is no documentation of objective functional improvement. Furthermore, it is documented that there is full range of motion of the neck. The need for further acupuncture treatment is not substantiated. Therefore, the request for additional acupuncture sessions x 6 to the low back and neck is not medically necessary.