

Case Number:	CM14-0147870		
Date Assigned:	09/15/2014	Date of Injury:	05/08/2013
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 Chiropractic 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:

According to the available medical records, this is a 53 year old female patient with chronic neck and back pain, date of injury is 05/08/2013. Previous treatments include physical therapy, home exercise program, acupuncture, medications, and back support. Progress report dated 08/04/2014 by the treating doctor revealed patient with chief complaint of continued neck and upper back pain. Exam findings noted bilateral trapezius and paraspinal region tender to palpation. Normal gait and arm swing, 5/5 upper extremity. Diagnoses include sprain neck, sprain lumbar region, and lumbosacral neuritis or radiculitis. The patient completed 6 sessions of acupuncture with improvement and requesting 6 additional sessions. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture , cervical lumbar spine 6 sessions for 2x3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Acupuncture Treatment Guidelines (except shoulder).

Decision rationale: The patient presents with continued neck and upper back pain, she has completed 6 acupuncture sessions with some improvement in strength. However, there is no evidences of pain medication is reduced or not tolerated, no document of concurrent physical rehabilitation; the patient is permanent and stationary and returned to work full duty on 04/10/2014. Given the lack of evidences of recent flares up and there is no document of functional deficits that warrant additional care. The request for additional 6 acupuncture sessions is not medically necessary.