

Case Number:	CM14-0088942		
Date Assigned:	09/08/2014	Date of Injury:	09/20/2011
Decision Date:	10/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 licensed in Acupuncture and 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:

The patient is a 54-year-old male with the date of injury of 09/20/2011. According to the progress report dated 05/01/14, the patient was being treated for his cervical spine. The patient has done physical therapy, had two epidural injections, and has seen spine specialists who recommended surgery. Significant objective findings include stiffness and spasm of the cervical spine, pain with lateral bending, and crepitation forward flexion and extension. The patient was diagnosed with multilevel spondylosis of the cervical spine with severe bilateral neural foraminal narrowing from C3 down to C6, bilateral shoulder impingement, and no evidence of hand pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the Cervical and Bilateral Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 treatments with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if

there is documentation of functional improvement. Based on the submitted records, the patient did not have acupuncture treatments in the past. A trial of acupuncture may be necessary however, the provider's request for 12 acupuncture sessions exceeds the guidelines recommendation therefore it is not medically necessary at this time.