

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0209017 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 05/17/2014 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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 32 year old female, who sustained an industrial injury on 05/17/2014. On provider visit dated 10/28/2014, the injured work complained of right arm pain, neck and upper back discomfort. On examination she was noted to have a decreased range of motion of cervical and thoracic spine and left wrist, tenderness was noted to palpation of lumbosacral spine area and cervical spine area was noted to have pain in all planes, thoracic spine was noted to have pain over the T1-T8 levels. Tenderness to palpation over the rhomboids, paraspinals and subscapular areas bilaterally were noted. The diagnoses have post traumatic cephalgia, left ankle sprain/strain rule out derangement, cervical sprain/strain, thoracic sprain/strain, left wrist sprain/ strain, rib sprain/strain and insomnia , and lumbar sprain/strain. Treatment to date has included MRI's, pain management, acupuncture, chiropractic, physical therapy, shockwave therapy, medication and pool therapy. Treatment plan included continued acupuncture 1 time as week for 4 weeks. On 11/17/2014 Utilization Review non-certified additional acupuncture x 4 for the thoracic spine. The CA MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture x 4 for the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.