

Case Number:	CM14-0213595		
Date Assigned:	12/31/2014	Date of Injury:	12/07/1999
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/21/2014

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 57 year old female who reports neck pain and lower back pain resulting from a work related injury on 12/07/1999. Mechanism of injury is unknown. Patient is diagnosed with cervical radiculopathy, disc disorder cervical and cervical pain. Additional diagnoses mentioned are cervicgia, thoracalgia, pain, wrist and hand, myalgia and myositis. Per physician's notes dated 11/28/2014 patient states that pain in the back of the neck is rated five out of ten. Pain in the left trapezius is rated five out of ten. Pain in the right trapezius is rated five out of ten. Pain in the right hand is rated five out of ten. Pain in the left hand is rated five out of ten. Patient has been treated with medication, acupuncture and cervical ESI. Primary treating physician requested 12 visits which were denied. Patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 57 year old female who reports neck pain and lower back pain resulting from a work related injury on 12/07/1999. Mechanism of injury is unknown. Patient is diagnosed with cervical radiculopathy, disc disorder cervical and cervical pain. Additional diagnoses mentioned are cervicalgia, thoracalgia, pain, wrist and hand, myalgia and myositis. Per physician's notes dated 11/28/2014 patient states that pain in the back of the neck is rated five out of ten. Pain in the left trapezius is rated five out of ten. Pain in the right trapezius is rated five out of ten. Pain in the right hand is rated five out of ten. Pain in the left hand is rated five out of ten. Patient has been treated with medication, acupuncture and cervical ESI. Primary treating physician requested 12 visits which were denied. Patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.