

Case Number:	CM14-0218163		
Date Assigned:	01/07/2015	Date of Injury:	08/25/2014
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 42 year old female was injured 8/25/14 during a slip and falling injuring her neck. She developed severe muscles spasms in the neck and shoulders. MRI of the cervical spine (9/4/14) revealed mild reversal of the normal cervical lordosis indicating spasm and at C5-6 there is a 2 mm central disc protrusion. Cervical MRI (9/28/14) demonstrated mild degenerative disc disease at C3-4 and C 5-6 with mild central canal stenosis and foraminal narrowing at C5-6 and C3-4; perineural cyst. She continues to complain of daily mild to moderate pain in the neck with radiation to the arms and pain in the upper neck aggravated by lifting and repetitive neck motion. On physical exam there was tenderness around paraspinal muscle at C2-7 and pain on palpation at C4-6. Range of motion of the cervical spine is limited. She does not take medication. Acupuncture is helping. Physical therapy did decrease her neck pain. Her diagnoses include cervical radiculopathy, cervical spine sprain and thoracic spine pain. Her ability to perform activities of daily living was not documented nor was there mention of functional capacity. She is working with modified activity that includes restrictions on standing, walking, neck motion, reaching and lifting/ push/ pulling. On 12/22/14 Utilization Review non-certified the request for acupuncture 3X2 based on lack of documentation of functional benefits from prior acupuncture treatments. The guidelines referenced were ACOEM and AMTG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) outpatient acupuncture sessions, three (3) times a week for two (2) weeks: 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 Guidelines states that acupuncture may be extended if there is documentation of functional improvement. The patient received 6 acupuncture sessions. The provider noted that the patient's pain decrease from 5-7/10 to 5-6/10. There was no documentation of functional improvement gained from prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.