

Case Number:	CM15-0111572		
Date Assigned:	06/18/2015	Date of Injury:	11/25/2014
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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 42 year old male who sustained an industrial injury on 11/25/14. The injured worker was diagnosed as having post-concussion syndrome and neck pain. Currently, the injured worker was with complaints of neck pain with radiation to the bilateral arms. Previous treatments included medication management. Physical examination was notable for neck with muscle rigidity, cervical spine with tenderness and decreased range of motion. The plan of care was for acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3xWk for 2 months for Head, QTY: 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Patient complained of neck pain with radiation to the bilateral arms. There was no evidence that the patient received acupuncture in the past. The Acupuncture Medical Treatment guideline recommends a trial of 3-6 visits with a frequency of 1-3 times per

week over 1-2 months to produce functional improvement. Additional acupuncture sessions beyond the initial trial are recommended if there is documentation of functional improvement. The provider's request for 24 acupuncture sessions exceeds the guideline for an initial trial. Therefore, the provider's request is not medically necessary.