

Case Number:	CM15-0126529		
Date Assigned:	07/13/2015	Date of Injury:	09/12/2011
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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 50 year old female who sustained an industrial injury on 9/12/11. Diagnoses are cervical sprain/strain with upper extremity radiculopathy, left shoulder tendinitis, and sleep difficulties. In a progress report dated 5/7/15, the treating physician notes the injured worker reports she feels her condition has worsened. She had a flare up in her cervical spine. The pain travels into her right shoulder. The left shoulder has improved and sleep issues have improved. She gets temporary relief with medication. Current medication is Voltaren Gel, Tramadol, and Ibuprofen. She does not feel that she would be able to perform her regular and customary job due to the pain level. The cervical spine MRI done in 2011, reveals a 3mm disc protrusion at C5-C6 causing moderate-severe neural foraminal stenosis. Electromyography done in 2011, reveals C6-C7 radiculopathy. There is cervical tenderness and pain with range of motion. The left shoulder is positive for impingement. Work status is that she is currently working limited duties without difficulties and is permanent and stationary. Due to increased pain, the physician would like to request a short course of acupuncture to her cervical spine. The goal is to decrease pain and avoid taking medication. She has tried acupuncture in the past and has had positive results. The requested treatment is acupuncture 2 times a week for 6 weeks for the neck.

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 neck: 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 states that acupuncture may be extended with documentation of functional improvement. The provider reported that the patient has tried acupuncture in the past and reported positive results. However, there was no documentation of functional improvement from prior acupuncture therapy. Therefore, the provider's request for 12 acupuncture sessions for the neck is not medically necessary and appropriate.