

Case Number:	CM15-0128949		
Date Assigned:	07/15/2015	Date of Injury:	12/05/2011
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 35-year-old male with an industrial injury dated 12/05/2011 resulting in injury to his neck and one to his mid back. His diagnoses included cervical radiculopathy and cervicgia. Prior treatments included trigger point injection, physical therapy and medications. He presents on 03/26/2015 (most recent record available) with moderate to severe neck pain. He states physical therapy for his shoulder is aggravating his neck pain. He also complains of tingling in right hand. He was working modified duties. Range of motion of his neck was full. The provider documented MRI showed no pinching in nerves in his neck to explain paresthesia's in his hand. The treatment plan included acupuncture and MRI. The treatment request is for Acupuncture with E, manual therapy, hot pack and infrared treatment, quantity: 6 to 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with E, manual therapy, hot pack and infra-red treatment, quantity: 6 to 8 sessions: 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. It was noted that the patient completed 8 acupuncture sessions in the past. However, there was no objective, quantifiable documentation regarding functional improvement from the previous acupuncture sessions. Therefore additional acupuncture visit is not demonstrated to be medically necessary. The provider's request for 6 to 8 acupuncture with electro stimulation, manual therapy, hot pack and infrared treatment is not medically necessary and appropriate at this time.