

Case Number:	CM15-0178160		
Date Assigned:	09/21/2015	Date of Injury:	09/17/2009
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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 54 year old female who sustained an industrial injury on 09-17-2009. Diagnoses include neck sprain-strain, myofascial pain, chronic pain syndrome and depression. A physician progress note dated 08-10-2015 documents the injured worker complains of neck, left shoulder, and left arm pain. She rates her pain as a 9 out of 10 and it is constant. She has decreased left shoulder range of motion, and painful and restricted neck range of motion. There is myospasm present in her neck and there is tenderness to palpation. Her symptoms have worsened, and she is depressed and tearful. A progress note dated 03-24-2015 documents the injured complains of neck pain that radiates to her left shoulder and arm. She rates her pain as 8 out of 10. She also complains of frequent headaches, and anxiety. She has a positive cervical compression and foraminal compress on the left and right. There is positive hyper flexion, hyperextension on the left and right and positive shoulder depression. She has severe limitations to of range of motion to her neck. There is weakness to her upper extremities. Treatment to date has included diagnostic studies, medications, cognitive behavioral sessions, and acupuncture, which is providing benefit. Current documented medications include Tylenol, Advil and Abilify and Prozac. She is not working. The treatment plan includes continuing with her psychiatric treatment, Zipsor for headache pain, acupuncture for the left shoulder and neck, and for Vistaril for anxiety and insomnia. On 08-24-2015, the Utilization Review non-certified the requested treatment Acupuncture left shoulder and neck Qty: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder and neck Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. There was improvement in active range of motion in the cervical spine and strength in the upper extremity from the initial acupuncture trial. The patient was authorized an additional 6 acupuncture sessions. There was no documentation of the outcome of the recent authorized acupuncture session. Therefore, the provider's request for additional 6 acupuncture session is not medically necessary at this time.