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| Case Number: | CM15-0026379 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 01/21/2007 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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 a work related injury on 1/12/07. The diagnoses have included cervical disc displacement without myelopathy, pain in shoulder joint, carpal tunnel syndrome and chronic pain syndrome. Treatments to date have included previous acupuncture treatments, physical therapy, a functional restoration program, home exercises, bilateral shoulder surgery, oral medications, Lidocaine patches, and medicated topical creams. In the PR-2 dated 1/6/15, the injured worker complains of bilateral shoulder and neck pain. She states that cooking and cleaning makes pain worse. She states previous acupuncture treatments helped her with the bilateral shoulder pain. On 1/19/15, Utilization Review non-certified a request for acupuncture 6 sessions. The California MTUS, Acupuncture Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions 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 Guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient completed approximately 14 sessions of acupuncture which was noted to provide temporary significant decrease pain in both upper extremities. In the appeal for 6 acupuncture session dated 1/27/2015, the provider reported that the patient had benefit with acupuncture. The patient noted 35-40% pain relief with acupuncture and felt more energized with less pain. The patient also noted improvement in function. Although the patient had decrease pain, there was no documentation of functional improvement with prior acupuncture session. Therefore, the provider's request for 6 acupuncture session for the neck is not medically necessary at this time.