

Case Number:	CM15-0032683		
Date Assigned:	02/26/2015	Date of Injury:	02/15/2014
Decision Date:	06/24/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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 49 year old female with an industrial injury dated 2/15/2014. The injured worker's diagnoses include acquired scoliosis, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, neck pain and pain in thoracic spine. Treatment consisted of diagnostic studies, prescribed medications, acupuncture, chiropractic treatment, yoga/pilates, and periodic follow up visits. In a progress note dated 1/22/2015, the injured worker reported neck pain. Objective findings revealed tenderness of the paracervicals, the trapezius, the levator scapulae and the rhomboid, crepitus and pain elicited by motion. The treating physician also noted visible curvature of thoracic spine with right hump over scapular area and normal range of motion. The treating physician prescribed services for acupuncture two times a week for four weeks, for the cervical and thoracic spine. Per a note dated 1/23/2015, the nurse states that acupuncture has the most beneficial. It helps release the tension and brings down the pain level. She has had 18 prior certified acupuncture sessions.

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 4 Weeks Cervical and Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.