

Case Number:	CM15-0066497		
Date Assigned:	04/14/2015	Date of Injury:	03/19/2012
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 33 year old female, who sustained an industrial injury on 03/19/2012. The initial complaints or symptoms included pain/injury to the cervical and lumbar spines right shoulder and right upper extremity. The injured worker was diagnosed as having lumbar spine strain/sprain with facet changes, right shoulder strain with apprehension rule out rotator cuff pathology, left face/jaw contusion, and right elbow strain/sprain. Treatment to date has included conservative care, medications, conservative therapies (including acupuncture), injections, and MRIs. Currently, the injured worker complains of cervical spine pain. The diagnoses include cervical spine. The treatment plan consisted of 8 sessions of acupuncture, continued home exercise program with inferential unit, and follow-up. Per a PR-2 dated 12/16/14, acupuncture was helpful in the past. Per a report dated 3/18/2015, acupuncture has helped decrease numbness and tingling and increased dexterity and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times weekly for 4 weeks, 8 sessions: 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 acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.