

Case Number:	CM15-0067122		
Date Assigned:	04/14/2015	Date of Injury:	11/13/2010
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/08/2015

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 (IW) is a 53-year-old female who sustained an industrial injury on 11/13/2010 due to cumulative trauma. Diagnoses include cervical pain, shoulder pain and cervical radiculopathy. Treatment to date has included medications, TENS unit, physical therapy, home exercise program and surgeries. Diagnostics included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 3/12/15, the IW reported neck and right shoulder pain, dizziness and headache. A request was made for acupuncture treatment six visits, unspecified body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, 6 visits, unspecified body parts, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions for unspecified body parts which was modified to 6 acupuncture

sessions for cervical spine and bilateral shoulders. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Cervical spine and shoulder are accepted body parts and additional visits may be rendered if the patient has documented objective functional improvement. The request for 6 acupuncture sessions for unspecified body parts is unclear as the UR has approved 6 acupuncture sessions for neck and shoulders. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.