

Case Number:	CM15-0068160		
Date Assigned:	05/05/2015	Date of Injury:	05/21/2014
Decision Date:	06/10/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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 66 year old female who sustained an industrial injury on 05/21/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture and medications. Diagnostic studies are not addressed. Current complaints include neck and upper back pain. Current diagnoses include sprain/strain of the neck, lateral epicondylitis, and pain in joint in the hand. In a progress note dated 02/25/15 the treating provider reports the plan of care as additional acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Treatments Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of chronic neck and upper back pain. The provider reported that the patient completed the 6 authorized acupuncture visits on 2/25/15. The provider reported that the patient received some benefits from acupuncture in terms of pain relief and

functional improvement. It was reported that the patient had moderate decrease in right sided neck and upper back pain since starting acupuncture and some improvement in range of motion. Based on the submitted documents, there were no changes in ranges of motion in the cervical spine. The patient's range of motion in the cervical spine was decreased by 30% with flexion, 30% in extension, 20% with left rotation, and 30% with right rotation in the report dated 2/10/2015 as well as 3/12/2015. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of documentation of functional improvement from prior acupuncture sessions, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.