

Case Number:	CM15-0072590		
Date Assigned:	04/22/2015	Date of Injury:	09/29/2014
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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 39 year old female, who sustained an industrial injury on 09/29/2014. She reported injuries to her head and right shoulder and was diagnosed with a scalp contusion and back/right upper extremity strain. The injured worker is currently diagnosed as having post-concussion syndrome with headache, cervical sprain/strain, cervical myofasciitis, cervical disease protrusion, thoracic sprain/strain, thoracic myofasciitis, right shoulder sprain/strain, and right shoulder muscle spasm. Treatment and diagnostics to date has included cervical spine MRI, chiropractic treatment, physical therapy, and medications. In a progress note dated 03/06/2015, the injured worker presented with complaints of headaches, neck pain and stiffness that radiates to the right shoulder, upper/mid back pain, and right shoulder pain. The treating physician reported requesting authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.