

Case Number:	CM15-0096225		
Date Assigned:	05/26/2015	Date of Injury:	05/20/1999
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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(n) 58 year old male, who sustained an industrial injury on 5/20/99. He reported pain in his neck and upper extremities related to a motor vehicle accident. The injured worker was diagnosed as having multilevel degenerative disc disease, possible facet syndrome at C2-C3, chronic neck pain, bilateral carpal tunnel syndrome and spinal stenosis at C5-C6. Treatment to date has included an EMG/NCV on 1/6/15 showing bilateral carpal tunnel syndrome and borderline ulnar neuropathy at the bilateral elbows, acupuncture and a cervical MRI. As of the PR2 dated 4/10/15, the injured worker reports left-sided neck pain and headaches. The treating physician noted left-sided stiffness in the neck. The treating physician requested acupuncture x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12: 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 neck and upper extremity pain. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had previous acupuncture treatments. The provider stated that the patient received benefits from previous acupuncture treatments. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, additional acupuncture visits is not demonstrated to be medically necessary.