

Case Number:	CM13-0051515		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2013
Decision Date:	10/28/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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:

This then said 62 year old male sustained an industrial injury on 06-21-2013. According to a Doctor's First Report of Occupational Injury dated 07-18-2013, the injured worker reported that since 2009 he had been having neck and shoulder pain that came on gradually. He felt that the pain was work related. He reported since a recent heart attack that the neck and shoulder pain had gotten significantly worse. According to a report dated 08-20-2013, the injured worker reported that as a result of having a recent heart attack, that he had been having some increased neck pain. There was no specific incident that he could relate to other than the heart attack to his neck pain. The provider's opinion was that the injury was not work related. He was recommended to follow up with his regular doctor for management of his neck pain. According to a progress report dated 09-19-2013, the provider noted that the injured worker was last seen on 08-20-2013 and that at that time, it was the opinion of the provider that injury was not work related and was unable to identify any specific work injury. The case manager who was present for the visit informed the provider that the neck and shoulder injury may have been authorized for ongoing treatment. The requested physical therapy had not yet been authorized. The injured worker still had difficulty turning his neck. The provider noted that cervical spine x-rays showed degenerative changes and muscle spasms. According to a progress report dated 10-17-2013, the injured worker returned for a follow up of his neck and upper back. He had not yet been authorized any physical therapy. He was still having increased pain, particularly at night. He was having difficulty sleeping and tightness in his neck and he was having numbness into the second left and third finger. He was continuing treatment with his regular doctor for his cardiac

condition. He was currently not working. Objective findings included tenderness at the paracervical regional bilaterally. He had tightness and stiffness with mild palpable spasm. Spurling's test was negative. Full range of motion of the upper extremity was noted. Neurovascular exam was intact. Reflexes were 2 plus and symmetrical. Diagnoses included cervical degenerative disc disease, cervical strain and non-industrial coronary artery disease. The treatment plan included a referral for 6 acupuncture visits. He was to return in 6 weeks. On 10-28-2013, Utilization Review non-certified the request for six initial acupuncture sessions for the cervical spine 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) initial acupuncture sessions for the cervical spine 2 times per week for 3 weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends 3-6 visits over 1-2 months to produce functional improvement. There is no evidence that the patient had prior acupuncture therapy. Therefore, a trial appears to be medically necessary at this time. The provider's request for 6 acupuncture sessions to the cervical spine is medically necessary at this time. Additional acupuncture sessions may be medically necessary if there is documentation of functional improvement for the trial.