

Case Number:	CM13-0043777		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2012
Decision Date:	07/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female with a date of injury of 08/27/2012. According to the progress report dated 9/10/2013, the patient complained of persistent left shoulder pain and low back pain. There was tenderness in the lumbar paraspinal muscles, iliolumbar and sacroiliac region. There was pain with range of motion in the lumbar spine. The lumbar spine range of motion was 80% of normal. The patient was diagnosed with lumbar strain with myofascial pain and left shoulder strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture qty: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement as defined in the guidelines. The provider stated that the patient had completed 6 acupuncture trial and it was noted to provide 40-50% improvement overall. However, there was no documentation of functional improvement as defined in section the Acupuncture Medical Treatment Guidelines.

Therefore, the provider's request for 10 additional acupuncture sessions is not medically necessary at this time.