

Case Number:	CM14-0115026		
Date Assigned:	08/04/2014	Date of Injury:	01/18/2006
Decision Date:	04/01/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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: Ohio

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:

Claimant is a 57-year-old female who sustained a work-related injury on 1/18/06. The office note dated 6/12/14 notes the patient has ongoing pain is unchanged complains of neck pain with tightness, stiffness and muscle spasms. Also note his low back pain severe weakness with altered gait. Physician knows the patient has been undergoing acupuncture which is been very helpful in giving the patient relief for three days. Work status is noted as unable to work. Previous treatment has included medications, MRI, right shoulder arthroscopy with rotator cuff repair, acupuncture, and physical therapy. Diagnoses related this treatment request are radiculopathy, degenerative disc, and sciatica. UR decision dated 7/1/14 noncertified request for 12 acupuncture treatments citing the patient has completed 12 systems of acupuncture with no documentation of clinically significant objective/fictional benefits. MTUS acupuncture medical treatment guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Acupuncture Guidelines (See the Pain Chapter for conditions where it is recommended)
ACOEM, revised chapter on Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the file presented the injured worker has undergone 12 sessions of acupuncture. Acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvements document. The results of the previous 12 sessions of acupuncture are not documented. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement the request for an additional 12 acupuncture visits is not medically necessary.