

Case Number:	CM14-0116276		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	01/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is licensed in Chiropractic & 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 claimant is a 58 year old female who sustained a work related injury on 8/1/2013. Per a report dated 1/16/2014, the claimant has neck, chest, upper back, low back, left shoulder, bilateral elbow, bilateral upper leg, bilateral knee, and bilateral foot pain. She also has dizziness, depression, anxiety, and insomnia. Her diagnoses are lumbar spine musculoligamentous injury, lumbar spine radiculopathy, left lateral epicondylitis, left flexor tendinosis, medial epicondylitis, partial thickness tear of common extensor tendon left, partial thickness tear of radial collateral tendon, and mood disorder. Prior treatment includes physical therapy, medications. Per a report dated 6/24/2014, the claimant has left wrist and left elbow pain. She has extremely limited range of motion in the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 12: 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: It appears that this is a request for an initial acupuncture trial. MTUS evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for

12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, documented functional improvement as a result of the completion of acupuncture is necessary. Also, the duration and total amount of visits should be submitted. Therefore, the request is not medically necessary.