

Case Number:	CM14-0038090		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2012
Decision Date:	05/05/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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: 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 (IW) is a 71 year old female who sustained an industrial injury on 05/15/2012. She reported pain in the neck, bilateral shoulders, bilateral wrists, low back pain and both knees. The IW is post cervical spine surgery in 2001. The injured worker was diagnosed as having cervical disc syndrome, status post cervical spine surgery, carpal tunnel syndrome, left knee osteoarthritis, left knee medial meniscus tear, left knee lateral meniscus tear, gastroesophageal reflux disease, psych problems, insomnia, irritable bowel syndrome and high blood pressure. Treatment to date has included oral and topical medications for pain and diagnostic testing. Currently, the injured worker complains of intermittent bilateral wrist and hand pain with pain radiating down to the fingers and up to the elbows. She has intermittent pain in the upper back radiating to the low back, and intermittent pain in the low back radiating to the tail bone. The treatment plan of care includes topical compounded pain medications and acupuncture therapy with referral to the appropriate specialists for gastro-esophageal reflux, gastrointestinal, and psych issues. A request is made for eight initial acupuncture lumbar spine 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight initial acupuncture lumbar spine 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for eight visits exceeds the recommended guidelines of six or less. 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. Therefore, the request is not medically necessary.