

Case Number:	CM14-0061648		
Date Assigned:	09/05/2014	Date of Injury:	11/27/2012
Decision Date:	12/03/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 47-year-old male with a date of injury on 11-27-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain of multiple body parts. Progress report dated 3-27-14 reports continued complaints of neck, back, bilateral shoulders, bilateral wrists and bilateral knee pain along with complaints of anxiety, depression, stress and sleep problems. Objective findings: tenderness to the cervical, thoracic and lumbar spine, positive tinels bilateral wrists, limited grip strength, tenderness to bilateral knees and guarded gait, awaiting psych evaluation and acupuncture. Treatments include: medication, physical therapy and chiropractic therapy. Request for authorization dated 4-15-15 was made for Acupuncture for the neck and low back; 2 times per week for 4 weeks (8). Utilization review dated 4-22-14 modified the request to certify Acupuncture for the neck and low back 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and low back; 2 x 4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of April 22, 2014 denied the treatment request for eight acupuncture visits to the patient's neck and lower back modifying the request of eight visits to three visits citing CA MTUS acupuncture treatment guideline. The reviewed medical records did not identify any previous course of treatment failing to provide functional improvement or diminish the patient's use of opiates or any indication the patient was involved in an active rehabilitation program. Sufficient documentation was provided to indicate examination deficits that would respond to a limited course of acupuncture care, three sessions. The requested eight sessions of acupuncture are not medically necessary and was not documented or supported by CA MTUS acupuncture treatment guidelines.