

Case Number:	CM15-0002375		
Date Assigned:	01/13/2015	Date of Injury:	07/10/2014
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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 is a 40, year old male, who sustained an industrial injury on 7/10/14 resulting in neck pain radiating to right upper back area, lower back pain, stiffness, left thumb pain and right knee abrasion. He continues to have cervical spine pain, lumbar spine pain, muscle spasms, stiffness, left wrist pain and right foot pain. Treatments have included medications; diagnostics; echocardiogram; electromyogram/NCS; cervical collar; physical and occupational therapy sessions and wrist/thumb spica splint. According to the utilization review performed on 12/8/14, the requested Norco 10/325mg, #30 has been certified and the requested acupuncture cervical, lumbar spine, left wrist and right foot Qty: 6 has been modified to acupuncture cervical, lumbar spine, left wrist. CA MTUS 2009 ACOEM Acupuncture Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical, lumbar spine, left wrist and right foot Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture treatments for cervical, lumbar, left wrist and right foot which was modified to 6 acupuncture sessions for cervical, lumbar, and left wrist pain. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per ACOEM guidelines, Acupuncture for ankle pain has no proven value. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.