

Case Number:	CM15-0002999		
Date Assigned:	01/13/2015	Date of Injury:	03/09/2011
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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 patient is a 55 year old female with a date of injury of 3/09/2011. According to the submitted documents the patient complained of headaches, dizziness, hearing loss, memory, sleep, and anosmia. According to the progress report dated 11/4/2014, the patient reported difficulty with activities of daily living. The patient has difficulty walking normally. The patient reported that her headaches are improving, and have episodes of vertigo. Significant objective findings include weak hand grip, decrease sensation bilaterally at the ventromedial arms, bilateral hypothenar region, bilateral outer thighs and legs. Romberg was positive. There was tenderness over the bilateral shoulders with limited range of motion. The patient has more cervical than interscapular and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 3 times a week for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends a trial of 3-6 sessions. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient had acupuncture in the past. Therefore, a trial of acupuncture may be necessary. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request for 12 acupuncture sessions, are not medically necessary at this time.