

Case Number:	CM15-0003785		
Date Assigned:	01/14/2015	Date of Injury:	10/05/2011
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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 (IW) is a 53-year-old female, who sustained an industrial injury on August 30, 2002 and October 5, 2011. She has reported bilateral knee and hand pain and was diagnosed with displacement of lumbar intervertebral disc without myelopathy, muscle spasm, and pain in the limb. Treatment to date has included physical therapy, acupuncture therapy, radiographic imaging, diagnostic studies and pain medications. Currently, the IW complains of bilateral hand and knee pain. The IW was noted to have an industrial injury in 2002. The documentation provided revealed complaints of bilateral knee pain and hand pain. The plan on November 20, 2014, included remaining off work, continuing therapies and to renew pain medications. On December 20, 2014, the pain continued. The treatment plan remained unchanged. On December 23, 2014, Utilization Review non-certified a request for acupuncture of the lumbar spine 1 time per week for 4 weeks, noting MTUS, ACOEM Guidelines, (or ODG) was cited.) On January 5, 2015, the injured worker submitted an application for IMR for review of requested acupuncture of the lumbar spine 1 time 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:

Acupuncture 1x4 to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.