

Case Number:	CM15-0003887		
Date Assigned:	01/14/2015	Date of Injury:	08/08/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
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 is a 50 year old female who sustained a work related injury on August 8, 2013, after pushing carts resulting in back, shoulder and upper and lower extremities injuries. Treatments included physical therapy, physical rehabilitation, x rays, electromyogram studies, home exercise program, psychiatric evaluation, ice and heat and pain and anti-inflammatory medications. The diagnoses of cervical spine strain, lumbar spinal strain and stress and anxiety were made. On September 8, 2014, Magnetic Resonance Imaging (MRI) revealed no disc protrusions with mild neuro foraminal lumbar sacral narrowing causing radiculopathy. Currently, on August 5, 2014, the injured worker presents with complaints of occasional right and left shoulder pain with increased pain on movement. She also complained of constant low back pain and numbness in the right leg. A request for acupuncture was made. On December 19, 2014, Utilization Review non-certified a request for Acupuncture treatment two times a week for four weeks for the thoracic and lumbar spine, noting the CA MTUS Acupuncture Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the Thoracic & Lumbar Spines: 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 guidelines states that acupuncture may be extended with documentation of functional improvement. According to the report dated 8/21/2014, the provider noted that the patient had received acupuncture treatment in the past. However, there was no documentation of functional improvement with acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.