MAXIMUS Federal Services

Case Number:	CM15-0008351		
Date Assigned:	01/23/2015	Date of Injury:	07/11/2011
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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:

This 40 year old woman sustained an industrial injury on 7/11/2011. The mechanism of injury is not detailed. Current diagnoses include lumbar sprain, neck sprain, and sprain of the wrist and shoulder. Treatment has included oral medications, cervical epidural steroid injections, and physical therapy. Physician notes on a PR-2 dated 11/26/2014 show a request for acupuncture, two sessions per week for four weeks. The physical examination is handwritten, but seems to indicate constant pain in the cervical and lumbar spine as well as the bilateral wrists and hands that is relieved with medications. The objective findings are much more difficult to decipher. There is another request for acupuncture noted on 10/27/2014. Per a P4-2 dated 1/30/2014, the acupuncture is helping with functional improvement and pain relief. Per an acupuncture note, the claimant had at least 12 sessions of acupuncture between 11/15/13-1/10/2014. Per a report on 1/14/2014, the claimant is able to raise her arm a little more. She also had 8 sessions of acupuncture between 7/24/13-9/25/13.On 12/10/2014, Utilization Review evaluated a prescription for infrared electric acupuncture that was submitted on 1/13/2015. The UR physician noted a lack of history of medication use that are likely to be effective for the indicated condition, lack of specific documented need for acupuncture, or lack of documented neuropathic pain. Further, the request is for an extensive amount of sessions without documentation of past treatment and/or efficacy. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared electric acupuncture 2-3 x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture of unknown quantity and duration and had reported subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.