

Case Number:	CM15-0009350		
Date Assigned:	01/27/2015	Date of Injury:	01/07/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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 68 year old female with an industrial injury dated January 7, 2013. The injured worker's diagnoses include cervical sprain, carpal tunnel syndrome, lumbar sprain/strain, sprain and strains of ankle and fibromyalgia. She has been treated with diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 10/23/14, the injured worker reported neck pain, bilateral upper extremity pain, lower back pain, bilateral lower extremity pain, frequent coughing and tightness of chest. The claimant had acupuncture in 2008 which were temporarily beneficial. Cervical spine exam revealed tenderness to palpitation and spasm in the paraspinal muscles with restricted range of motion, and reduced sensory in bilateral hands. There is tenderness to pressure over the bilateral wrist joints. Lumbar exam revealed tenderness, spasms and restricted range of motion with reduced sensory in the bilateral feet. The treating physician prescribed services for acupuncture 3 x 4 cervical and lumbar spine. Utilization Review (UR) determination on December 15, 2014 denied the request for acupuncture 3 x 4 cervical and lumbar spine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 Cervical and Lumbar Spine: Upheld

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

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 prior acupuncture of unknown quantity and duration and only temporary subjective. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.