

Case Number:	CM15-0101148		
Date Assigned:	06/03/2015	Date of Injury:	12/05/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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 53 year old female who sustained an industrial injury on 12/05/13. Initial complaints and diagnoses are not addressed. Treatments to date include medications, right Achilles tendon reconstruction, physical therapy, extra corporeal shock wave therapy, and chiropractic treatments. Diagnostic studies include a MRI of the lumbar spine on 02/18/15 which showed multiple disc herniations from T12-S1. Current complaints include pain in the lower back which radiates in the pattern of bilateral L5-S1 dermatomes, as well as neck, mid/upper back, bilateral shoulders/elbows/knees/feet/ankle pain. Current diagnoses include cervical/thoracic/lumbar musculoligamentous strain/sprain, bilateral shoulder/ elbow/ wrist knee/ankle strain/sprain, bilateral shoulder impingement syndrome, bilateral elbow lateral epicondylitis, left Achilles tendinitis, and sleep disturbance. In a progress note dated 04/01/15 the treating provider reports the plan of care as acupuncture, industrial back support, motorized hot/cold unit, electrodiagnostic/nerve conduction studies of the bilateral lower extremities, and a referral to Pain Management. The requested treatments include acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 6wks Cervical spine, Lumbar spine and Bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter Acupuncture guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient underwent over 26 prior acupuncture sessions with a lack any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.