

Case Number:	CM15-0131337		
Date Assigned:	07/17/2015	Date of Injury:	05/16/2008
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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 May 16, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar pain, thoracic pain, cervical pain, and cervical arthropathy with evidence of severe foraminal stenosis. Treatment and diagnostic studies to date has included physical therapy and a home exercise program. In a progress note on April 07, 2015 the injured worker has complaints of pain to the right anterior ribs and neck symptoms with paresthesias that radiates to the scapular region. Examination reveals spasm to the cervical paraspinal muscles with the right greater than the left, spasm to the interscapular and rhomboid area, tenderness to the left thoracic eight through ten and to the ribs on the left. In a progress note dated April 22, 2015 noted an increase in right hip pain, an increase in the curve of the injured worker's low back, and stiffness to the low back. In a progress note dated June 03, 2015 the treating physician reports right hip tenderness. The treating physician requested 10 sessions of acupuncture treatment to the cervical spine, thoracic spine, and lumbar spine noting that the injured worker has not had relief from prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the cervical spine, thoracic spine, lumbar spine for 10 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 10 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore is not medically necessary.