

Case Number:	CM15-0132407		
Date Assigned:	07/20/2015	Date of Injury:	09/19/2011
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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 49 year old male, who sustained an industrial injury on 9/19/2011. Diagnoses include scoliosis, thoracic degenerative disc disease and chronic pain syndrome. Treatment to date has included diagnostics including electrodiagnostic studies, medications including Percocet and Flexeril, modified work, and physical therapy x 12 sessions (described as not beneficial and aggravated symptoms). Per the handwritten Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported mid back pain described as burning with radiation to the bilateral lower extremities right greater than left. He also reported neck stiffness with intermittent headaches. Physical examination of the thoracic spine revealed tenderness to palpation in the thoracic spine and bilateral paraspinal muscles. He is unable to stand up straight and his left shoulder is noticeably higher when he is standing. When asked to bend forward, right rib cage posteriorly is more prominent than the left. He has grossly limited motion with rotation. The plan of care included acupuncture and authorization was requested for 6 visits of acupuncture for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits to thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of mid back pain. The pain was described as burning with radiation to the bilateral lower extremities. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 6/24/2015, the provider reported that acupuncture sessions at [REDACTED] are beneficial in decreasing pain, radiculopathy, and relaxing the muscles. However, there was no objective, quantifiable documentation regarding functional improvement from the acupuncture sessions. Therefore, additional acupuncture visit is not demonstrated to be medically necessary. The provider's request for 6 acupuncture session to the thoracic spine is not medically necessary and appropriate at this time.