

Case Number:	CM15-0140738		
Date Assigned:	07/30/2015	Date of Injury:	01/12/2012
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 60 year old female, who sustained an industrial injury on January 12, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral radiculopathy, lumbar sprain and strain, knee tendinitis and bursitis, cervical radiculopathy, current tear of the medial cartilage or meniscus of the knee, shoulder impingement, shoulder labrum tear, and hip sprain and strain. Treatment and diagnostic studies to date has included medication regimen along with documentation of authorization for physical therapy. In a progress note dated November 10, 2014 the treating physician reports complaints of neck and low back pain. Examination reveals spasm, tenderness, and guarding to the cervical and lumbar paravertebral muscles along with decreased range of motion. The treating physician requested two times three sessions of acupuncture to the right leg and the low back, but the documentation did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3, low back, right leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the appeal for acupuncture dated 6/21/2015, the provider reported that the patient completed 6 acupuncture sessions and has helped her functionally more than prior physiotherapy. However, it was not indicated what improvements the patient has made with acupuncture treatments. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.