

Case Number:	CM15-0141074		
Date Assigned:	07/30/2015	Date of Injury:	05/30/2008
Decision Date:	09/09/2015	UR Denial Date:	06/18/2015
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: 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:

This 73 year old woman sustained an industrial injury on 5-30-2008 while performing packing duties. This was noted to be a re-injury. The initial injury was noted to have occurred in 1991 and had been re-injured multiple times since. Diagnoses include cervical disc degeneration, lumbosacral disc degeneration, and osteoarthritis of the shoulder. Treatment has included oral medications, surgical intervention, and acupuncture. Physician notes on a doctor's first report of occupational injury or illness form dated 5-26-2015 show complaints of neck pain with radiation to the bilateral shoulders with stiffness, right shoulder pain, bilateral wrist pain with numbness and tingling, bilateral hand pain with loss of grip strength, and low back pain with radiation to the bilateral legs and feet with numbness and tingling in the toes. Recommendations include acupuncture re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with stimulation 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that 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 already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 12), the request for additional acupuncture is not medically necessity.