

Case Number:	CM15-0141687		
Date Assigned:	07/31/2015	Date of Injury:	09/17/1999
Decision Date:	09/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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 72 year old female with an industrial injury dated 09-01-1984 and 07-16-1999. Her diagnoses included fibromyalgia (and associated diagnoses), hypothyroidism, severe degenerative lumbar scoliosis and cervical spondylolisthesis with multilevel disc space narrowing. Prior treatment included gym membership with warm pool exercise, acupuncture and chiropractic treatments. She presents on 05-14-2015 with complaints of widespread pain and symptoms of fibromyalgia. She was requesting acupuncture which she felt allowed her to maintain function and complete activities. Objective findings included mild limitation in lumbar and cervical spine range of motion with diffuse spine tenderness. Gait was normal. The treatment included an additional acupuncture and gym membership with warm pool exercises. The provider documents acupuncture has been consistently effective and the patient remained off all narcotics and analgesics. The treatment request is for twelve additional acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional acupuncture visits: Overturned

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 guideline states that acupuncture may be extended with documentation of functional improvement. The patient has had acupuncture in the past and there was evidence of functional improvement. The patient continues to report widespread pain and symptoms of fibromyalgia. Per the progress report dated 5/14/2015, the patient reported that acupuncture allows her to maintain function and complete activities. The patient continues to perform warm pool exercises at her gym. It was noted that acupuncture has been consistently effective for this patient. The provider reported that the patient remains off all narcotics and analgesics. Based on the documentation of functional improvement, the provider's request for 12 additional acupuncture sessions is medically necessary at this time.