MAXIMUS Federal Services

Case Number:	CM15-0142210		
Date Assigned:	08/03/2015	Date of Injury:	04/28/2014
Decision Date:	08/31/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/22/2015

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 26-year-old female who sustained an industrial injury on April 28, 2014 resulting in right wrist and mid to low back pain. She was diagnosed with lumbar sprain, thoracic sprain and right wrist pain. Treatment has included physical therapy, 4 trial sessions of acupuncture, heat and ice with noted relief, rest, and medication with temporary pain relief. The injured worker continues to report radiating right wrist pain with weakness and tingling in her fingers, and radiating upper and lower back pain. The treating physician's plan of care includes 10 sessions of acupuncture for the lumbar and thoracic spine, and right wrist. Work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, thoracic spine and the right wrist, twice a week for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore further acupuncture is not medically necessary.