

Case Number:	CM15-0144116		
Date Assigned:	08/05/2015	Date of Injury:	12/14/2013
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 12-14-2013, resulting from cumulative trauma. The injured worker was diagnosed as having cervical spondylosis, medial epicondylitis, shoulder pain, and knee pain. Treatment to date has included diagnostics, physical therapy, lumbar injections, and medications. Most recently, the injured worker complains of constant pain in his low back, increased with twisting at the waist and arching slightly backwards. He also reported pain in both shoulders that increased when reaching above his head. Physical exam was noted as unchanged, noting acupuncture was authorized. He was not working. The current treatment plan included acupuncture for the low back x6. Current medication regimen was not documented. Progress notes from acupuncture sessions were not submitted, if acupuncture started. An updated progress report with subjective complaints and objective findings was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions, low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm,

Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Therefore, additional acupuncture is not supported for medical necessity.