

Case Number:	CM15-0145293		
Date Assigned:	08/06/2015	Date of Injury:	12/23/2014
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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 52-year-old female, who sustained an industrial injury on 12-23-2014. She reported back pain due to a motor vehicle accident. The injured worker was diagnosed as having fracture dorsal vertebra, closed, anterior column T9. Treatment to date has included diagnostics, physical therapy, lumbar support, and medications. Currently, the injured worker complains of neck pain, wrist pain, and foot pain. Radiation of pain was noted to the left upper extremity, mid and low back, and left gluteal area. Current medications included sertraline, Flexeril, Naproxen, Prilosec, Percocet, and Xanax. Her condition was documented as improving and care provided 75% relief. It was documented that she should have a supervised therapy program for functional restoration. Physical therapy program was prescribed to proceed. The treatment plan included acupuncture for the mid back, 3x4. The rationale for the acupuncture was to improve function and decreased pain. Work status was total temporary disability until next evaluation in 4 weeks. Prior treatment to include acupuncture was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks for the mid back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement because of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.