

Case Number:	CM15-0146920		
Date Assigned:	08/07/2015	Date of Injury:	12/08/2012
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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 56 year old female who sustained an industrial injury on 12-8-2012. Her heel got caught in a crack on the concrete and she fell backwards hurting her low back, right wrist, right elbow, and right ankle. Her second fall happened when her leg gave out and she fell forward hurting her bilateral knees. Her main complaint was for the low back and bilateral knee and has been diagnosed with degenerative lumbar-lumbosacral intervertebral disc, chronic pain syndrome, and pain in joint lower leg, pain in joint shoulder region, and unspecified myalgia and myositis. Treatment has included rest, medications, massage, and acupuncture. She rated her pain a 5 out of 10. Relieving factors include rest medication, ice, lying flat, and massages. Aggravating factors include increased activity, bending backwards, walking, and sitting. The treatment plan included acupuncture. The treatment request included additional acupuncture x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions (additional): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In his report dated 07-09-15 the provider indicated the "patient is ready to precede with the epidural injection...no significant relief with acupuncture..." In the same report the provider indicated "significant relief with acupuncture with increased function" (no specifics included). 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. Consequently, the additional acupuncture is not medical necessary.