

Case Number:	CM15-0148965		
Date Assigned:	08/12/2015	Date of Injury:	04/11/2011
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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 60 year old female who sustained an industrial injury on 4-11-11 when she tripped over an outlet resulting in pain in the lower back and left wrist. She currently complains of low back pain; left wrist numbness; left hand numbness. On physical exam there was tenderness in the lumbar region with decreased range of motion; left wrist had positive Tinel's sign. Medications were not identified. Diagnoses included lumbar strain; left carpal tunnel syndrome. Prior treatments were not identified. There were no diagnostics available for review. In the progress note dated 6-23-15 the treating provider's plan of care included a request for acupuncture two times per week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines-MTUS note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines could support additional acupuncture 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." The patient condition at the time of the request is undocumented: no subjective complains (pain level), objective findings, functional-motor-sensory deficits were reported to support the need of the acupuncture care requested. The goals, for which the acupuncture was sought, were not included. Therefore and based on the foregoing, the care is not supported as reasonable, medically and necessary. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.