

Case Number:	CM15-0149871		
Date Assigned:	08/13/2015	Date of Injury:	03/03/2015
Decision Date:	09/15/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/03/2015

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 48-year-old male who sustained an industrial injury on 3-3-15. Diagnoses are cervical spine sprain and strain with radiculopathy, rule out disc bulges, thoracic spine sprain-strain, lumbar spine disc bulge per MRI of 4-9-15, bilateral shoulders sprain-strain, rule out rotator cuff tear, bilateral elbow-forearm sprain-strain, tendonitis, right hip sprain-strain, contusion, left knee sprain-strain, rule out derangement, lower leg wound, cephalgia, blurred vision, and head contusion. In a progress report dated 7-7-15, the primary treating physician notes complaints of pain are noted of the right lower leg, left knee, left hip, bilateral upper extremities, neck, midback, lower back, as well as occipital headaches and blurred vision. The cervical, thoracic and lumbar spine has palpable tenderness. Straight leg raise is positive. Bilateral shoulders and left hip have moderate palpable tenderness. The right lower leg has a 6 to 8 inch healed deep laceration. The left knee has severe to moderate palpable tenderness, slight swelling and decreased range of motion and a positive mobility, Valgus and McMurray's. There is palpable tenderness on the left side of the occiput and redness. Severe palpable tenderness is noted of the left achilles. It is noted, he appears depressed and fatigued. He is currently participating in chiropractic and physical therapy. The requested treatment is for additional acupuncture sessions if there is improvement with the first course for a quantity of 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture sessions if improvement with first course, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. The patient complained pain in the right lower leg, left knee, left hip, bilateral upper extremities, neck, mid back, and lower back. The patient also complained of occipital headaches and blurred vision. There was no documentation of prior acupuncture care. The provider's request for 4 additional acupuncture sessions is not medically necessary without documentation of functional improvement from a trial course of acupuncture.