

Case Number:	CM15-0160626		
Date Assigned:	08/28/2015	Date of Injury:	12/30/2013
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 46-year-old female, who sustained an industrial injury on 12-30-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar sprain/strain, lateral-medial epicondylitis and wrist-shoulder- cervical sprain-strain. Cervical magnetic resonance imaging showed mild degenerative changes, lumbar magnetic resonance imaging showed mild degenerative spondylosis and lumbar 5-sacral 1 disc protrusion and the left shoulder imaging showed mild bursitis and small joint effusion. Treatment to date has included 24 sessions of physical therapy, 18 sessions of acupuncture and medication management. In a progress note dated 8-3-2015, the injured worker complains of pain in the low back, left wrist and hand and left elbow. Physical examination was not provided. The treating physician is requesting Acupuncture #4 2x3 for lumbar, cervical, left wrist and left elbow. Per a prior UR review dated 8/14/2015, the claimant had 18 sessions of acupuncture in the past. She has not had acupuncture since 9/30/2014. Prior acupuncture resulted in decrease of low back pain and disability questionnaire from 58% to 36% and upper extremity functional scale from 32 to 19. She also had decrease of pain levels, improved arm motions, and decreased burning sensation in the back. She can sit, stand, and walk for longer periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #4 2x3 for lumbar, cervical, left wrist and left elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with functional benefits. She had subjective improvement in pain scales and activities of daily living and also improvement in functional scales. The claimant has not had acupuncture in approximately one year and has a return of symptoms. Six visits of acupuncture are medically necessary at this time.