

Case Number:	CM15-0162995		
Date Assigned:	08/31/2015	Date of Injury:	10/28/2013
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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 35 year old male, who sustained an industrial injury on October 28, 2013. He reported neck, low back, left shoulder and left knee pain. The injured worker was diagnosed as having brachial neuritis and radiculitis not otherwise specified, neuralgia, sprains and strains of neck, sprains and strains of lumbar, shoulder impingement and shoulder sprain and strain. Treatment to date has included diagnostic studies, physical therapy and medication. On June 30, 2015, the injured worker complained of cervical spine pain rated a 1 on a 1-10 pain scale, lumbar spine pain rated a 7, left shoulder pain rated a 4 and left knee pain rated a 2 on the pain scale. Medication and physical therapy were noted to provide pain relief. The treatment plan included an EMG and NCV of the bilateral upper and lower extremities, functional capacity evaluation, medication, physical therapy and referral for orthopedic surgical consultation. A request was made for eight sessions of acupuncture two times a week for four weeks to the lumbar spine, left knee and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks (8 sessions) to the lumbar spine, left knee and left shoulder: 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, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 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 as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.