

Case Number:	CM15-0165013		
Date Assigned:	09/02/2015	Date of Injury:	08/16/2012
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 53 year old female, who sustained an industrial injury on 8-16-2012. The mechanism of injury was not described. The injured worker was diagnosed as having cervical disc displacement, lumbar disc displacement, and rotator cuff syndrome, not otherwise specified. Treatment to date has included diagnostics, lumbar spinal surgery in 2-2014, and medications. Currently (7-21-2015), the injured worker complains of pain in the lumbar spine, cervical spine, left knee, and left shoulder. Exam noted tenderness at the lumbosacral junction, bilateral flank area, and sciatic nerve. Neurological exam was unchanged. Work status was modified. The treatment plan included acupuncture for the neck and low back, 2x6.

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 6 weeks, neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The utilization review document of July 28, 2015 denied the treatment request for additional acupuncture, 12 visits for the neck and low back citing CA MTUS acupuncture treatment guidelines. The reviewed documents reflected a prior course of treatment to manage chronic lower back pain with LESI, physical therapy and acupuncture, (eight visits) for management of residuals from a microdiscectomy and foraminotomy. The reviewed records failed to document any functional improvement following the prior course of acupuncture care as required by CA MTUS acupuncture treatment guidelines. The medical necessity for additional treatment was not found in other the records reviewed or referenced CA MTUS acupuncture treatment guidelines.