

Case Number:	CM15-0165209		
Date Assigned:	09/02/2015	Date of Injury:	10/05/2004
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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 59-year-old female, who sustained an industrial injury on 10-5-2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include internal derangement of the knee, internal derangement of the shoulder, cervical disc disorder, and lumbar disc disorder. Treatments to date include activity modification, medication therapy, and epidural steroid injections. Currently, she complained of pain in the neck, shoulders, low back, and bilateral knees and is associated with numbness and tingling in bilateral upper extremities. On 5-17-15, the physical examination documented tenderness in the cervical and lumbar spine, bilateral sacroiliac joints, bilateral shoulders and bilateral knees with decreased range of motion. The plan of care included a request to authorize sic acupuncture treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care 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." Of the six sessions of acupuncture previously authorized (06-16-15), it undocumented how many were completed and the gains obtained if any. Consequently an assessment of whether additional care is needed is unknown before the authorized care is completed and the benefits obtained (functional gains, activities of daily living improvement, medication intake reduction, etc) are measured. Therefore, additional acupuncture is not supported for medical necessity at this time.