

Case Number:	CM15-0169084		
Date Assigned:	09/09/2015	Date of Injury:	11/17/2014
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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 49 year old male, who sustained an industrial injury on 11-17-14. The injured worker was diagnosed as having right shoulder impingement, cervical spine sprain-strain and lumbar spine sprain-strain. Treatment to date has included oral medications, therapy and acupuncture. On 5-21-15, the injured worker complains of pain in the head, neck, upper back, low back, bilateral upper extremities and both feet with associated symptoms of weakness in arms and hands. He notes the pain is improved with medications, therapy and acupuncture. There are no complaints documented on 7-16-15 or 8-13-15. On 8-13-15, it is noted the injured worker is currently working. Physical exam dated 3-17-15 noted no abnormalities; 5-21-15 noted he appeared his stated age and there is no documentation of physical exam performed on 7-16-15 or 8-13-15. The treatment plan on 8-13-15 included referral for acupuncture 3 times a week for 6-8 weeks. On 8-18-15 utilization, review modified a request for acupuncture 3 times a week for 6-8 weeks to 2 times a week for 3 weeks noting guidelines state time to produce functional improvement is 3-6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks to the Right Shoulder and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of head, neck, upper back, and low back pain. The provider reported that pain was better with acupuncture. There was no documentation of functional improvement from prior acupuncture care. Therefore, the provider's request for acupuncture sessions three times per week for 4 weeks is not medically necessary. Additional acupuncture beyond the 6 initial visits requires documentation of functional improvement.