

Case Number:	CM15-0183934		
Date Assigned:	09/24/2015	Date of Injury:	11/28/2011
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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 34 year old female, who sustained an industrial injury on 11-28-11. The documentation on 8-17-15 noted that the injured worker has complaints of neck pain associates with headaches with pain and numbness radiating down the bilateral upper extremities which rates her pain as on 8 out of 10 on the visual analog scale. The injured worker complains of upper and mid back pain that the injured worker rates as an 8 out of 10 and the visual analog scale and complaints of lower back pain with numbness radiating the bilateral lower extremities that she rates an 8 out of 10 on the visual analog scale. The documentation noted that the injured workers keppra was increased by her neurologist, however the injured worker is having difficulty tolerating her increase in medication as it makes her very sedated. The injured worker walks with a mildly antalgic gait pattern and in palpation there is palpable tenderness of the paravertebral muscles, bilaterally. The sensory is decreased on the left in L3, L4, L5 and S1 (sacroiliac) dermatome distribution. Cervical spine X-rays on 8-17-15 showed no evidence of fracture, no evidence of instability and well maintained disc heights. The diagnoses have included left shoulder impingement syndrome; sprain of neck; thoracic strain; lumbar strain; seizure disorder and chronic intractable pain syndrome. Treatment to date has included daily exercise at the gym prior to her morning dose of keppra and flector patch. The original utilization review (8-25-15) non-certified the request for acupuncture 2 times a week for 4 weeks, cervical and lumbar spine.

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, cervical 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 patient complained of neck and lower back pain. According to the report dated 4/27/2015, the patient was authorized 6 acupuncture session. There was no documentation of the outcome of the authorized sessions. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of documentation of functional improvement from prior acupuncture session, additional acupuncture sessions is not demonstrated to be medically necessary. Therefore, the provider's request for 8 acupuncture session is not medically necessary at this time.