

Case Number:	CM15-0186727		
Date Assigned:	09/28/2015	Date of Injury:	01/29/2001
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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 69 year old male, who sustained an industrial injury on 01-29-2001. He has reported subsequent neck, back and left shoulder pain and was diagnosed with cervical and lumbar strain and tendinitis of the left shoulder. Treatment to date has included pain medication, steroid injections, chiropractic therapy, physical therapy, massage therapy and acupuncture. In a progress note from 09-27-2002 the physician noted that treatment with a chiropractor and acupuncture "helped him to reduce aches and pains and to an intensity of pain that is manageable and he is capable of performing his daily activities to some extent" and a progress note dated 10-09-2006, noted that the injured worker had received acupuncture and massage therapy in the past with which he had noted the most amount of benefit. The number of acupuncture therapy sessions received to date is unclear and there was no documentation as to specific functional improvements that were seen with prior treatments. 12 sessions of acupuncture of the lumbar spine were requested on 03-10-2015 which were noted as being certified in a 03-18-2015 utilization review but there is no further physician documentation submitted until 08-25-2015, so it's unclear as to whether these acupuncture sessions provided significant pain relief or objective functional improvement. In a progress note dated 08-25-2015, the injured worker reported continued cervical and lumbar pain that was not rated in severity. Objective examination findings showed tenderness to palpation of the cervical and lumbar spine and difficulty with range of motion and bending. Work status was documented as retired. The physician recommended continued acupuncture treatment. A request for authorization of acupuncture treatment 12 visits, 2 times a week for 6 weeks was submitted. As per the 09-09-2015 utilization review, the request for acupuncture treatment 12 visits 2 times a week for 6 weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 12 visits 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient was authorized 12 acupuncture sessions on 3/18/2015. There was no documentation of functional improvement from prior acupuncture sessions. Additional acupuncture session appears not to be warranted at this time. Therefore, the provider's request for 12 acupuncture session is not medically necessary at this time.