

Case Number:	CM15-0187189		
Date Assigned:	09/29/2015	Date of Injury:	06/30/2015
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 6-30-2015. The injured worker is being treated for cervical sprain-strain, lumbar sprain-strain, history of back surgery, right shoulder sprain-strain, clinical impingement, bilateral knee sprain-strain, bilateral ankle sprain-strain, chronic pain, anxiety, depression and insomnia. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-12-2015, the injured worker reported upper back pain rated as 7 out of 10, bilateral shoulder pain rated as 7 out of 10 on the right and 4 out of 10 on the left with radiation to the bilateral hands, mid back pain rated as 5 out of 10, low back pain rated as 8 out of 10 with radiation to the left leg, bilateral hip pain rated as 5 out of 10, bilateral knee pain rated as 7 out of 10, bilateral ankle pain rated as 5 out of 10 and sleep disorder, anxiety, depression, nervousness and stress due to pain. Objective findings included tenderness to palpation and spasms of the cervical spine, lumbar spine and tenderness to palpation of the right anterior shoulder and bilateral knees and ankles. Per the medical record dated 8-12-2015 there is no documentation of any prior acupuncture or improvement in symptoms, increase in activities of daily living or decrease in pain level with any prior treatment. This is the only pertinent medical record submitted for review. The notes from the doctor do not document efficacy of the prescribed medications. Work status was modified. The plan of care included modified work, medications and chiropractic care. Authorization was requested for 12 sessions of acupuncture (2x6). On 8-27-2015 Utilization Review non-certified the request for acupuncture (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient initial acupuncture two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is 12 and this is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore the request is not medically necessary.