

Case Number:	CM15-0188387		
Date Assigned:	09/30/2015	Date of Injury:	02/28/2002
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 66 year old female who sustained an industrial injury on February 28, 2002. As recent pain management follow up dated August 24, 2015 reported present subjective complaint of "pain is about the same." She reports "achy joints and arms and overall diffusely." She is participating in ADL's and "medications are helping." The diagnostic impression noted cervicgia, cervical radiculopathy, failed neck surgery syndrome, lumbago, lumbar radiculopathy; lumbar disc protrusion, failed back surgery syndrome, depression, insomnia, temporomandibular joint disorder, carpal tunnel syndrome, and Horner's syndrome. The plan of care is with recommendation to change Naprosyn to Celebrex; refill Norco, Colace, Trazadone, Nexium, and Robaxin. She will undergo urine drug screening and pending a surgical referral for breast reduction. Pain management follow up dated July 27, 2015 reported present complaint of "pain is about the same." She has been doing well overall. She has more soreness at the site of previous neck surgery. On May 26, 2015 she underwent TMJ consultation. At primary follow up dated April 08, 2015 she was with recommendation for psychiatric evaluation, follow up for eye, and did not see dentist due to transportation issue. The objective assessment is noted "remains unchanged." The plan of care is with recommendation for acupuncture therapy for neck and back. At pain management, follow up dated March 09, 2015 the worker noted being administered trigger point injections to lumbar paraspinals. On August 21, 2015 a request was made for 12 acupuncture sessions for neck and back that were noncertified by Utilization Review on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture therapy sessions for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of pain. The Acupuncture Treatment Guidelines recommend a trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, there was no evidence of prior acupuncture treatments. Therefore, a trial of acupuncture session appears to be medically necessary. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial, which the guidelines recommend 3-6 visits. Therefore, the provider's request is inconsistent with the evidence based guidelines and is not medically necessary at this time.