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| Case Number: | CM15-0188666 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 01/09/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/10/2015 |
| 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:

This is a 59 year old female with a dated of injury on 1-9-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine, lumbar spine and right shoulder. On 4-29-15, she rated her pain 5 out of 10 and reported that acupuncture was helping (started in March). Progress report dated 9-2-15 reports continued complaints of neck pain that is intermittent, moderate and radiates to both arms. Right arm pain is intermittent moderate and is aggravated by reaching overhead and behind, lifting, carrying, pushing, pulling and lying on the right side. She also has mid and low back pain with numbness, tingling and weakness in both legs, right greater than the left. Physical exam: range of motion was restricted in all areas due to pain and tenderness and she showed some guarding during the exam. Treatments include: medication, physical therapy and acupuncture. Request for authorization was made for acupuncture treatment to cervical spine, right shoulder and lumbar spine, 2 times per week for 4 weeks. Utilization review dated 9-14-15 modified the request to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 4 weeks for the cervical spine, 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 utilization review document of September 10, 2015 denied the treatment request for two visits of acupuncture care over four weeks and management of the patient cervical spine, right shoulder and lumbar spine complaints citing CA MTUS acupuncture guidelines. The reviewed medical records did address the medical necessity for initiation of acupuncture care to manage the reported residuals that the requested eight sessions exceeded the CA MT US acupuncture treatment guidelines that recommend an initial course of treatment three - six visits with documented evidence of functional improvement supporting the medical necessity for additional treatment. The reviewed medical records do not support the medical necessity for eight acupuncture visits to manage the patient's cervical spine, right shoulder and lumbar spine or are compliant with the prerequisites for acupuncture care per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.