

Case Number:	CM15-0189994		
Date Assigned:	10/02/2015	Date of Injury:	10/08/2013
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/28/2015

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, Montana
 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 48 year old female who sustained an industrial injury on 10-8-13. A review of the medical records indicates she is undergoing treatment for cervical spine sprain and strain, thoracic spine sprain and strain, L4-L5 disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally with mild central canal stenosis, and severe right thigh laceration. Medical records (4-2-15 to 8-6-15) indicate complaints of cervical pain with radicular complaints, as well as thoracic spine and lumbar spine pain. The physical exam (8-6-15) reveals that the radicular pain is "much improved - less frequent, less severe". Spasm is noted on the right side during the cervical exam. She is noted to have right greater than left tenderness and muscle guarding. Thoracic and lumbar pain is "a little worse secondary to bending and stopping activities". Tenderness is noted during the thoracic and lumbar exam, affecting the right side greater than the left. Straight leg raise is negative. Diagnostic studies have included an MRI of the lumbar spine on 4-2-15 and an MRI of the cervical spine on 4-29-15. Treatment has included physical therapy and acupuncture. The discussion regarding an epidural steroid injection in the cervical and lumbar spine was completed, but the injured worker indicated that she is "not interested". The injured worker has completed three separate courses of acupuncture treatment: 6 sessions authorized on 1-29-15, 6 sessions authorized on 3-30-15, and 8 sessions in 2014. The injured worker reports that acupuncture has "much improved" her radicular pain. She indicates that she would "like more". The treatment recommendation is for continued acupuncture once per week for six weeks. The utilization review (8-18-15) indicates denial of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar thoracic and cervical spine, 1time 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: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Patient reported subjective benefit; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 3 acupuncture treatments are not medically necessary.