

Case Number:	CM15-0190643		
Date Assigned:	10/02/2015	Date of Injury:	09/19/2011
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
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:

This is a 49 year old female who sustained a work-related injury on 9-19-11. Medical record documentation on 8-11-15 revealed the injured worker was being treated for post-concussive injury, post-traumatic fibromyalgia, major depressive disorder, and a history of pain disorder associated with both psychological and general medical factors. She reported a generalized body pain and chronic fatigue. She had been crying and depressed and was waiting for a P-STIM that provided pain relief. Objective findings included a depressed appearance. She used a cane to ambulate and had diffuse tenderness on the cervical and lumbar spine. The evaluating physician noted that acupuncture had been helpful. A request for eight sessions of acupuncture was received on 8-17-15. On 8-24-15, the Utilization Review physician determined eight sessions of acupuncture was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 sessions: 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 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Per UR, the patient reports acupuncture "has been helpful." However, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 8 acupuncture treatments are not medically necessary.