MAXIMUS Federal Services

Case Number:	CM15-0198219		
Date Assigned:	10/13/2015	Date of Injury:	10/24/2013
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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 58 year old female, who sustained an industrial injury on 10-24-2013. The injured worker is being treated for chronic lumbar sprain-strain, left shoulder sprain-strain, left knee internal derangement and chronic pain syndrome. Treatment to date has included diagnostics, modified work, psychiatric care and medications. Per the Primary Treating Physician's Progress Report dated 2-04-2015, the injured worker presented for follow-up. She reported continued widespread pain and multiple orthopedic complaints. Request for aquatic therapy for treatment of pain syndrome has been denied. Objective findings included widespread tenderness. There was bilateral knee joint tenderness with no instability and intact range of motion. Six visits of acupuncture were requested for widespread pain. Work status was disabled on a psychiatric basis. The plan of care included 6 trial sessions of acupuncture. It is unclear from the records submitted if the IW has received prior acupuncture and if so, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the prior treatment. Authorization was requested for 12 additional visits of acupuncture for the lumbar spine. On 10-02-2015, Utilization Review non-certified the request for 12 additional visits of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 visits of Acupuncture for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the evidence-based guidelines, acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was approved 6 acupuncture sessions on 3/31/2015. However, there was no documentation of the outcome of the 6 authorized acupuncture session. There was no documentation of functional improvement from the authorized sessions. Therefore, the provider's request for 12 additional acupuncture sessions for the lumbar spine is not medically necessary at this time.