

Case Number:	CM15-0198353		
Date Assigned:	10/13/2015	Date of Injury:	08/14/2015
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
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 29 year old male, who sustained an industrial injury on 8-14-15. The injured worker has complaints of right shoulder pain radiating pain to forearm. There was decreased range of motion of the bilateral 5th digits, extension and flexion. Lumbosacral spine examination reveals moderate to severe tenderness of the paraspinal muscles upon palpation. There is evidence of moderate paraspinal muscle spasm noted. There was moderate hypertonicity of the lumbar spine is present and range of motion of the lumbar spine is conducted painfully and is restricted. Straight leg raising test is positive on the right at 40 degrees and 45 degrees on the left. The diagnoses have included sprain of lumbar. Treatment to date has included chiropractic sessions and physical therapy. The original utilization review (9-15-15) non-certified the request for acupuncture 1x week x 6 weeks lumbar spine, bilateral hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week x 6 weeks Lumbar Spine, Bilateral Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are not medically necessary.