

Case Number:	CM15-0200805		
Date Assigned:	10/15/2015	Date of Injury:	07/04/2015
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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 42 year old female, who sustained an industrial injury on 7-4-2015. The injured worker was being treated for cervical radiculitis, cervical sprain and strain, lumbar sprain and strain, lumbar radiculitis, bilateral knee sprain and strain, and bilateral knee chondromalacia. On 8-19-2015, the injured worker reported neck pain radiating to the right shoulder with numbness in the right upper extremity, right side of the face, and right eye; low back pain with stiffness and cramping; and bilateral knee pain. The physical exam (8-19-2015) reveals 3+ tenderness to palpation and muscle spasms of the cervical and lumbar paravertebral muscles, 3+ tenderness to palpation of the bilateral trapezii, and decreased and painful cervical and lumbar range of motion. There is right knee swelling, 3+ tenderness to palpation of the anterior knee bilaterally, and decreased ranges of motion of the bilateral knees. On 8-27-2015, an MRI of the cervical spine revealed nonspecific straightening of the normal cervical lordosis, query strain with restoration of the normal cervical lordosis seen on extension views. On 8-27-2015, x-rays of the thoracic and lumbar spines and bilateral knees were unremarkable. Treatment has included chiropractic therapy and medications including topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the physician (8-19-2015 report), the injured worker is to remain off work. The requested treatments included 9 sessions of acupuncture for the cervical spine, lumbar spine, left knee, and right knee. On 9-22-2015, the original utilization review modified a request for 9 sessions of acupuncture for the cervical spine, lumbar spine, left knee, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 acupuncture sessions, 3 times 3 for the cervical spine, lumbar spine, left knee, and right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend acupuncture for chronic pain. It recommends initial 3-6 sessions to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, it appears that the patient is a candidate for an initial acupuncture trial. However, the provider's request for 9 acupuncture sessions exceeds the guidelines recommendation for an initial trial for which the guideline recommends 3-6 sessions. Therefore, the provider's request is not medically necessary at this time.