

Case Number:	CM15-0201213		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
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 54-year-old female injured worker suffered an industrial injury on 10-27-2014. The diagnoses included cervical, thoracic and lumbar disc protrusion, myospasms and right impingement syndrome. On 9-14-2015, the treating provider reported cervical, thoracic and lumbar spine constant severe pain with relief from medication, physical therapy and acupuncture. The right shoulder had moderate pain with relief from medications, physical therapy and acupuncture. On exam, the cervical, thoracic and lumbar spine had tenderness with spasms. The lumbar spine had tenderness to the sacroiliac joints with positive straight leg raise. The right shoulder had painful range of motion with spasms. Prior treatment included medication, physical therapy and unknown number of sessions and unknown results of acupuncture. The Utilization Review on 9-23-2015 determined non-certification for 8 acupuncture sessions, twice a week for four weeks, for lumbar spine, thoracic spine, cervical spine, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions, twice a week for four weeks, for lumbar spine, thoracic spine, cervical spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of cervical, thoracic and lumbar spine pain. According to the evidence-based guidelines, acupuncture is recommended for chronic pain. It states that acupuncture may be extended with documentation of functional improvement. According to the report dated 9/14/2015, the provider reported relief from medications, physical therapy, and acupuncture. However, there was no documentation regarding functional improvement. Therefore, the provider's request for 8-acupuncture session is not medically necessary at this time.