

Case Number:	CM15-0204601		
Date Assigned:	10/21/2015	Date of Injury:	07/30/2014
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 43 year old female with an industrial injury dated 07-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, lumbago and bilateral knee pain. In a progress report dated 07-30-2015, the injured worker reported cervical spine, lumbar spine and bilateral knee pain. Objective findings (07-30-2015) revealed normal gait and lumbar spine range of motion with forward flexion 50 degrees, extension 10 degrees, spasms and guarding. According to the progress note dated 09-11-2015, the injured worker reported frequent moderate to severe neck pain radiating to the upper extremities with numbness and tingling, frequent moderate to severe low back and bilateral knee pain radiating to the lower extremities with numbness and tingling. Objective findings (09-11-2015) revealed obstructed flow of Qi, poor circulation, and visibly decreased range of motion of the neck, low back and bilateral knee; moderate spasm of bilateral upper trapezius, cervical and lumbar paravertebral musculature. Treatment has included diagnostic studies, prescribed medications, 3 sessions of physical therapy (5-11-2015 to 07-06-2015), at least 1 acupuncture therapy treatment on 9-11-2015 and periodic follow up visits. The injured worker is temporary total disability. The utilization review dated 09-29-2015, non-certified the request for acupuncture x 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, 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. The claimant has had prior acupuncture trial. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.