

Case Number:	CM15-0205253		
Date Assigned:	10/22/2015	Date of Injury:	06/30/2015
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
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: 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 61 year old male, who sustained an industrial injury on 6-30-15. The documentation on 9-10-15 noted that the injured worker has complaints of mild intermittent headaches in the evening occasionally; fractured teeth still working with dentist and soreness of the left anterior chest wall and low back pain in the left anterior chest and ribs worsens with deep breathing, back worsens with changing postures. Chest wall has no tender to palpation left mid chest wall along 8 rib. Spine examination has mild tender mid back L1-2 and range of motion has slight guarded on flex and extension only. Brain magnetic resonance imaging (MRI) showed no acute changes. The diagnoses have included head contusion; chest wall contusion and low back contusion. Treatment to date has included acupuncture 11 out of 12 sessions; motrin; lidocaine patch for pain and physical therapy 1 out of 6 sessions. The original utilization review (9-17-15) non-certified the request for additional acupuncture x 6 chest and ribs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 6 chest/ribs: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although the 11/12 prior acupuncture sessions rendered were reported as beneficial as "able to tolerate more activity" and "improved functional capacity", no specifics were reported of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, specific activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.