

Case Number:	CM15-0207366		
Date Assigned:	10/26/2015	Date of Injury:	08/05/2013
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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 60 year old female, who sustained an industrial injury on 8-5-13. She reported pain in the head, neck, back, right arm, thighs, and calves. The injured worker was diagnosed as having cervical, thoracic, and lumbar spine strain, cervical disc protrusion at C3-4 with degenerative changes, lumbar disc protrusion at L2-5 with degenerative changes, right rotator cuff tendinitis and impingement syndrome, status post contusion and strain injury of the right wrist, and a closed head injury. Treatment to date has included physical therapy, 12 acupuncture sessions, chiropractic treatment, and medication including Tramadol, Temazepam, Ativan, and Lexapro. Physical examination findings on 10-1-15 included cervical tenderness to palpation over the paravertebral and trapezius muscles with spasm. Increased pain with cervical extension was noted. Tenderness to palpation was noted over the thoracic and lumbar paravertebral muscles. Patchy decreased sensation was noted in bilateral upper and lower extremities. On 8-18-15 the treating physician noted acupuncture was temporarily beneficial as they it only helped while it was being provided. The last acupuncture session was on 8-7-15. On 10-1-15, the injured worker complained of pain in the cervical spine, thoracic spine, lumbar spine, and right shoulder tenderness. The treating physician requested authorization for additional acupuncture x12. On 10-1-15 the request was modified to a quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture QTY: 12: 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 guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of pain in the head, neck, back, right arm, thighs, and calves. According to the report dated 9/16/2015, the provider reported that the patient benefited from acupuncture treatments. The patient reported that acupuncture helped. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.