

Case Number:	CM15-0021358		
Date Assigned:	02/10/2015	Date of Injury:	12/16/2013
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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:

This 38-year-old female reported a work-related injury on 12/16/2013. According to the acupuncture progress report dated 9/17/14, she reports neck, low back, shoulder and right knee pain that is constant and moderate in intensity. The diagnoses are cervical, left shoulder and right knee sprain and strain. Previous treatments include medications, physical therapy, acupuncture and chiropractic treatment. The provider requests acupuncture. The Utilization Review on 1/9/2015 non-certified the request for acupuncture, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines notes that the amount of acupuncture to produce functional improvement is 3 to 6 treatments, also states 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. Thirty prior acupuncture sessions were already completed with no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not supported for medical necessity.