

Case Number:	CM15-0022192		
Date Assigned:	02/11/2015	Date of Injury:	02/06/2008
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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: Ohio

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:

Claimant is a 48-year-old female sustained work-related injury on 2/6/08. PR2 dated 12/4/14 notes complaint of cervical, lumbar, and bilateral shoulder pain in addition to depression, anxiety, and irritability. Pain is rated 3/10 in the cervical spine, 6/10 of the lumbar spine, and 6/10 left shoulder. Ranges of motion are noted as decreased and painful in the same areas of complaint. Previous treatment has included x-rays, MRIs, sleep studies, electrodiagnostic testing, cardiorespiratory testing, orthopedic consult, and acupuncture. It is noted that 12 sessions of acupuncture were previously approved. The results of previous acupuncture treatment are unknown. Current diagnoses include cervical sprain strain, lumbar degenerative disc disease, lumbar sprain strain, and facet arthrosis. UR decision dated 1/15/15 noncertified request for an additional eight acupuncture visits citing no evidence of objective functional improvement and the MTUS acupuncture medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional acupuncture sessions, 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines note that acupuncture treatments may be extended to functional improvement is documented. Initial trial conducted of 3 to 6 visits 1 to 3 times per week to produce functional improvement. 12 visits of acupuncture have previously been approved which would reflect an adequate trial of care. The results of these visits are not documented. Due to the lack of objective functional improvement and the acupuncture medical treatment guidelines the request for eight additional acupuncture sessions two times a week for four weeks is not medically necessary.