

Case Number:	CM15-0024624		
Date Assigned:	02/17/2015	Date of Injury:	12/30/2005
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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 was a 42 year old female, who sustained an industrial injury, December 30, 2005. According to progress note of February 2, 2015, the injured workers chief complaint was pain bilateral upper extremities, left greater than the right to the level of the hands with the upper extremity pain from the left shoulder to the left elbow. The injured worker complains of low back pain that radiates down both lower extremities and the pain was aggravated by activity and walking with pain in the bilateral hips. The injured worker rated the pain 7-8 out of 10 with medication and 8-10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker reported a 90% improvement in functional ability with physical therapy. The injured worker was diagnosed with lumbar annular tear, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar strain/sprain, cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical strain/sprain, left shoulder impingement syndrome, left shoulder pain, left shoulder strain/sprain and left shoulder tenosynovitis. The injured worker previously received the following treatments MRI of the lumbar spine, left and right shoulder on May 7, 2014, MRI of the cervical spine on February 25, 2010, TENS (transcutaneous electrical nerve stimulator) unit two times a day to several times a day, home exercise program, muscle relaxants, physical therapy, cervical epidural injections, and pain medication. The primary treating physician requested authorization for Acupuncture 2 times a week for 4 weeks @ [REDACTED]. On January 12, 2015, the Utilization Review denied authorization for Acupuncture 2 times a week for 4 weeks @ [REDACTED]. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks (no body part provided) at [REDACTED]
[REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends an initial trial of 3-6 acupuncture visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. Based on the submitted documents, it appears that the patient did not receive acupuncture care in the past. Therefore, the patient is a candidate for an initial acupuncture trial. However, the provider's request for 8 acupuncture session exceeds the guidelines recommendation of 3-6 visits. The provider's request is not consistent with the evidence based guidelines and therefore, the request for 8 acupuncture session is not medically necessary at this time.