

Case Number:	CM15-0024739		
Date Assigned:	02/17/2015	Date of Injury:	10/31/2011
Decision Date:	04/08/2015	UR Denial Date:	01/08/2015
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: 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:

The injured worker is a 45-year-old female, who sustained an industrial injury on October 31, 2011. The injured worker has reported generalized body pain, worse in the upper and lower extremities. The diagnoses have included complex regional pain syndrome and depression secondary to chronic pain. Treatment to date has included pain management, acupuncture treatments and a home exercise program. The injured worker was noted to have had significant improvement in the pain level, strength, endurance, thinking more clearly, better temperature regulation and less skin sensitivity with the acupuncture treatments. Current documentation dated December 30, 2104 notes that the injured worker continued to experience generalized body pain. The pain was worse in the upper and lower extremities with the left forearm being the worst. Physical examination revealed mild to moderate discomfort. There was hypersensitivity noted in the cervical spine region. The left forearm revealed a mild blue discoloration. There was also hyperalgesia throughout both upper extremities. Lumbar spine examination revealed tenderness to palpation over the paraspinal muscles. Lower extremities revealed hyperalgesia throughout with no color changes. On January 8, 2015 Utilization Review non-certified a request for acupuncture sessions # 8. The MTUS, Acupuncture Medical Treatment Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of acupuncture sessions # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended functional improvements document. The injured worker has undergone at least six acupuncture treatments which would represent an adequate trial according to the guidelines. Based on the file presented the patient reports decreased pain and increased strength, increased endurance, better sweat gland function, better temperature regulation, skin sensitivity. There is no apparent reduction in the utilization of medication or change in work status. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement request for eight sessions of acupuncture is not medically necessary.