

Case Number:	CM15-0027939		
Date Assigned:	02/20/2015	Date of Injury:	03/11/2014
Decision Date:	05/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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 52 year old female who sustained an industrial injury on 3/11/2014. Her diagnoses, and/or impressions, included: cervical pain; lumbago with lumbar disc protrusion and radiculitis/neuritis; left shoulder pain; left wrist pain; left hip pain; left knee pain; left ankle pain; and no evidence of any significant corroborative objective findings to substantiate her subjective complaints. Recent magnetic resonance imaging studies of the lumbar spine are noted on 12/19/2014 and of the thoracic spine on 3/13/2015. Her treatments have included physical therapy, acupuncture and massage therapies for the cervical and lumbar spine; rest from work; Panel agreed medical evaluation complex on 1/19/2015; and medication management. Progress notes of 12/17/2014 reported radiating left wrist pain, and constant radiating low back, left hip and thigh pain. The physician's requests for treatments were noted to include acupuncture therapy for the left wrist and cervical and lumbar spine, to reduce pain, the use of non-steroidal anti-inflammatories and opiates, and to be able to participate in functional restoration programs such as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the left wrist, six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of pain in the neck, low back, shoulder, wrist, hip, knee, and ankle pain. The acupuncture guideline recommends acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The patient was authorized 6 of the 12 acupuncture visits, which was consistent with the evidence based guidelines for initial trial. There was no objective quantifiable documentation regarding functional improvement from those sessions. Therefore, additional acupuncture session beyond the initial 6 visit is not warranted at this time. The provider's request for 6 sessions of acupuncture for the left wrist is not medically necessary at this time.