

Case Number:	CM15-0028976		
Date Assigned:	02/20/2015	Date of Injury:	06/11/2011
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 62 year old female who sustained a work related injury June 11, 2011 after falling on her right side. She had pain in her neck, right shoulder, and upper and lower back. Past history included cubital tunnel syndrome, left elbow, left knee surgery and right shoulder arthroscopy with subacromial decompression/acromioplasty, biceps tenotomy, extensive synovectomy, complete bursectomy and repair of full thickness tear rotator cuff tendon November, 2011. According to a treating physician's progress report dated January 8, 2015, the injured worker presented with complaints of lumbar pain that radiates to heels bilaterally, right more than left. She reports a decrease in pain with acupuncture from 7/10 to 4/10. Physical examination reveals lumbar range of motion; flexion 90/60 extension 15/25, left and right lateral flexion 15/25 and left and right rotation 25/45. Diagnoses are documented as lumbosacral sprain and radicular syndrome to the lower limb. Treatment plan included request for authorization of additional 6 sessions of acupuncture, lumbar spine. According to utilization review dated January 30, 2015, the request for Acupuncture (6) Sessions (1 x 6) Lumbar Spine is non-certified, citing 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:

Acupuncture 6 sessions, 1 x 6 (lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 1X6 acupuncture sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.