

Case Number:	CM15-0029647		
Date Assigned:	02/24/2015	Date of Injury:	05/01/2012
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
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 48 year old female, who sustained an industrial injury on 5/1/12. She has reported pain in the neck, right shoulder, right wrist/hand and low back related to a fall. The diagnoses have included cervical radiculopathy, right shoulder sprain, right wrist/hand sprain and lumbosacral syndrome. Treatment to date has included trigger point injections, TENs unit, chiropractic treatments, acupuncture and oral medications. As of the PR2 dated 6/24/14, the injured worker reports 9/10 sharp pain in the lower back and 8/10 pain in the right shoulder and right wrist/hand. The treating physician requested to continue acupuncture x 15 sessions. On 1/27/15 Utilization Review non-certified a request for acupuncture x 15 sessions. The utilization review physician cited the MTUS guidelines for acupuncture. On 2/12/15, the injured worker submitted an application for IMR for review of acupuncture x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture six visits over six weeks for the right shoulder and lumbar spine:
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 acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. The documentation revealed that the patient had received a course of acupuncture over a 6 month period. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions to the right shoulder and lumbar spine is not medically necessary.