

Case Number:	CM15-0031563		
Date Assigned:	02/24/2015	Date of Injury:	02/08/2014
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 37 year old female, who sustained an industrial injury on 2/08/2014, while working as a cashier. The diagnoses have included cervical strain/sprain, lumbar sprain/strain, and thoracic sprain/strain. Treatment to date has included conservative measures. Currently, the injured worker complains of neck pain, rated 5/10, thoracic pain, rated 8/10, and lumbar pain, rated 4-5/10. Cervical range of motion was 50% of full, with pain at all endpoints. The thoracic spine had nearly zero range, with spasms noted. Lumbar range of motion noted flexion 45/90, extension 5/25, and bilateral lateral flexion 10/25. Medications included Tramadol ER, Flexaril, and Norco. Treatment plan included diagnostic testing, including laboratory testing, magnetic resonance imaging studies, and neurodiagnostic testing, psychology consult, and acupuncture (2x6). Prior acupuncture treatment was not noted. On 2/09/2015, Utilization Review non-certified a request for acupuncture (12), noting the lack of compliance with MTUS Acupuncture Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records available for review, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is not supported for medical necessity.