

Case Number:	CM15-0035726		
Date Assigned:	03/04/2015	Date of Injury:	06/20/2008
Decision Date:	04/16/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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 male who sustained a work related injury on June 20, 2008, when he developed numbness in his left arm and wrist working as a correctional officer. He had left arm, wrist and hand pain; upper and lower back pain and left leg and foot pain, weakness and numbness. The injured worker was diagnosed with carpal tunnel syndrome and cervical disc disease. He underwent cervical spinal surgery. Treatments included back support, surgeries, chiropractic treatment, physical therapy, and pain medications. Currently in January, 2015, the injured worker complained of constant, pain and stiffness of the lower back, upper back, neck, and numbness of the left leg. On March 11, 2015, a request for a service of twenty-four acupuncture sessions to the lumbar spine was modified to six acupuncture sessions to the lumbar spine, by Utilization Review, noting the Acupuncture Treatment Guidelines and California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 1/17/2015, the provider stated that the patient is now able to help to deliver food service for two hours without significant lower back pain, feels less pain after getting up from the bed every day, and shopping at [REDACTED] is getting easier than before. The patient is able to start home exercise because of less pain and is able to do more yard work that includes bending and digging. The provider noted that since starting acupuncture, the patient has discontinued Meloxicam and reduced Oxycodone from 3 tablets to one or as needed. Based on the reported documentation, extension of acupuncture is medically necessary. However, the provider request of 24 additional acupuncture sessions appears to be excessive. The patient was authorized 6 out of the 24 requested acupuncture sessions which appears to be reasonable. Additional acupuncture may be necessary with documentation of functional improvement. Therefore, the provider's request for 24 additional acupuncture sessions is not medically necessary at this time.