

Case Number:	CM15-0036603		
Date Assigned:	03/05/2015	Date of Injury:	09/29/2011
Decision Date:	04/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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 57 year old male who sustained an industrial injury on 9/29/11 due to repetitive work and involved mainly his neck. He currently complains of constant burning neck pain with radiation to the shoulders and both hands; lumbar pain with radiation to both legs; bilateral knee pain; right hip pain and low back pain. Current medications include Duragsic patch, Norco, Zanaflex, Ambien, Lexapro. Medications help reduce pain intensity to 4-5/10 and without medications pain intensity is 7-8/10. He performs his activities of daily living with help of medications. Diagnoses include cervical and lumbar disc protrusions; lumbar radiculitis; lumbar and cervical degenerative disc disease; bilateral sciatica; bilateral wrist sprain/strain; carpal tunnel syndrome; right carpal tunnel release (11/26/13); status post right knee arthroscopic surgery (9/7/10); status post left arthroscopic surgery (10/27/10). Treatments to date include acupuncture; trigger point injections (2012,2013); extracorporeal shockwave therapy. Diagnostics include electromyography and nerve conduction study of the upper extremities (9/26/14) which was abnormal; x-ray lumbar spine (11/24/14); electromyogram/nerve conduction study bilateral lower extremities (10/14/14) which was abnormal; MRI of back and neck (2/12) (10/2/14) demonstrating osteoarthritis; MRI lumbar spine (6/22/10); MRI right and left knee (7/16/12). In the progress note dated 12/8/14, the treating provider requested additional acupuncture. On 1/28/15 Utilization Review non-certified the request for 4 additional acupuncture sessions 1 time per week for 4 weeks for the lumbar and cervical spine citing MTUS: ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional acupuncture sessions 1 time a week for 4 weeks for the lumbar spine and cervical 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 4 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, 4 acupuncture treatments are not medically necessary.