

Case Number:	CM15-0037022		
Date Assigned:	03/05/2015	Date of Injury:	10/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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 39-year-old male with an industrial injury dated October 28, 2013. The injured worker diagnoses include lumbago and subjective tinnitus. He has been treated with diagnostic studies, prescribed medications, physical therapy, consultation and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported pain in the head, right ear, mid back, lower back and hips with associated tingling in the legs. He also reported constant insomnia related to pain. Physical exam revealed full range of motion of the cervical spine and normal shoulder examination. Lumbar spine exam revealed decrease range of motion with limited rotation and tenderness to palpitation over the bilateral lumbar paraspinal muscles consistent with spasm. Treatment plan consist of request for additional physical therapy, audiology testing, vestibular training, ear nose and throat (ENT) consultation for right ear and continued psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3-6 Treatments (1-3 x per week over 1-2 months): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is, no documentation the claimant had prior acupuncture, 3-6 visits of acupuncture are medically necessary.