

Case Number:	CM15-0037992		
Date Assigned:	03/06/2015	Date of Injury:	02/16/2013
Decision Date:	04/16/2015	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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 32 year old female who sustained a work related injury on February 16, 2013, incurring back injuries, after a heavy metal cover on an ice machine fell, striking her on the right shoulder and right side of the neck. She was diagnosed with a cervical spine sprain and strain with a disc bulge, thoracic spine sprain and strain and a lumbar spine sprain and strain. Treatment included physical therapy, medication management and a home exercise program. Currently, in February 2015, the injured worker complained of cervical and thoracic pain radiating down into the lumbar area with numbness and tingling in the lower extremities. On February 4, 2015, a request for a service of Acupuncture twice a week for three weeks was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Acupuncture Medical Treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The appeal letter from the provider is reviewed. The injured worker has a history of neck and back pain and is currently taking Norco, which causes some itching every time she takes it. She has completed 8 physical therapy treatments and is currently on a rehabilitation program at home as an extension of the physical therapy. The plan is to wean her off the Norco and use acupuncture to help accomplish that goal in combination with the rehabilitation. Acupuncture Medical Treatment Guidelines indicate that the time to produce a functional improvement is after 3-6 treatments. The optimum frequency of treatments is 1-3 times per week and the optimum duration is 1-2 months. After 3-6 treatments, it may be continued if functional improvement is documented. The request for 6 treatments is therefore appropriate and medically necessary.