

Case Number:	CM15-0039392		
Date Assigned:	03/19/2015	Date of Injury:	05/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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 51 year old female injured worker suffered an industrial injury on 05/28/2014. The diagnoses included post concussive syndrome, headaches, cervical disc herniation with myelopathy, thoracic sprain/strain, lumbar sprain/strain, left radiohumeral sprain/strain, left hip strain/sprain. The injured worker had been treated with medications and physical therapy. On 1/5/2015 the treating provider reported cervical spine, lumbar spine, left wrist/hand, left hip, left elbow and thoracic pain. The treatment plan included Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6, lumbar, cervical, thoracic, left elbow/wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, the acupuncture trial requested for pain management is supported by the MTUS. The current

mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.