

Case Number:	CM15-0042139		
Date Assigned:	03/12/2015	Date of Injury:	08/22/2012
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 8/22/2012. She reported cumulative injury from standing. The injured worker was diagnosed as having cervical disc displacement, cervical muscle spasm, cervical and lumbar spine sprain/strain, lumbar radiculopathy, lumbar disc protrusion and tarsol tunnel syndrome. Treatment to date has included physical therapy, chiropractic care, home exercises and medication management. Currently, a progress note from the treating provider dated 2/19/2015 indicates the injured worker reported constant neck pain, low back pain and left foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared and manual acupuncture sessions 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Division of Workers Compensation Chapter 4.5; Subchapter 1 Administrative Director- Administrative Rules, Article 5.5.2 MTUS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient has a date of injury of 08/22/12 and presents with complaints of cervical spine, lumbar spine, left wrist and left foot pain. The Request for Authorization is dated. The current request is for INFRARED AND MANUAL ACUPUNCTURE SESSIONS 2X4. The patient's treatment history includes medications, podiatrist consult, and chiropractic therapy and night time splinting foot the left wrist. There is no indication that the patient has tried acupuncture treatments in the past. The utilization review dated 02/23/15 modified the certification to 4 treatments with the additional 4 visits being non-certified. In this case, the request for an initial trial of 8 visits exceeds what is recommended by MTUS. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months.(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The requested 8 visits ARE NOT medically necessary.