

Case Number:	CM15-0042552		
Date Assigned:	03/12/2015	Date of Injury:	04/03/2013
Decision Date:	08/27/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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 60 year old female who sustained an industrial injury on 4-3-13. The diagnoses are cervical radiculopathy and low back pain. In an initial comprehensive orthopaedic evaluation dated 12-2-14, the physician notes she is temporarily totally disabled until the next appointment. X-rays were done. She complains of right knee cap, right ankle, left groin, left hip, left hand, left shoulder, and left neck pain with radiation to the left shoulder as well as back pain that radiates down both legs. Pain is rated at 7 out of 10. She has been treated with physical therapy and injections with persistent symptoms and short term relief only. Her gait is antalgic. Her back is tender with limited range of motion. The injured worker has low back pain with listhesis of L4-5 and loss of disc height and foraminal stenosis at L5-S1 with bilateral sciatica. She also has cervical radiculopathy at C5-6 and C6-7. There is also a right hand injury; the thumb is tender to palpation. There is tenderness to palpation of the brachial plexus region in the left supraclavicular fossa and on the shoulder. An electrodiagnostic study done 1-13-15 for a history of leg pain radiating down the hip to shin, reveals evidence of mild chronic L4 and L5 radiculopathy on the left and right side, nerve conduction studies demonstrate no evidence for peripheral neuropathy or evidence for abnormalities from nerve root impingement except mild decrease in the peroneal motor amplitudes which can be seen with radiculopathy. The requested treatment is acupuncture, 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), online version updated 2/10/15: Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right kneecap, right ankle, left groin, left hip, left hand, and left shoulder, left neck, and back pain. Records indicate that the patient had extensive physical therapy sessions for her condition. However, there was no evidence of prior acupuncture care. The Acupuncture Medical Treatment guidelines recommend an initial 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. It appears that the patient is a candidate for an acupuncture trial. However, the provider's request for 12-acupuncture sessions exceeds the guidelines recommendation for an initial trial. Therefore, the request is not medically necessary or appropriate. 6 acupuncture sessions would be appropriate and may be extended with documentation of functional improvement.