

Case Number:	CM15-0045549		
Date Assigned:	03/17/2015	Date of Injury:	09/14/2013
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant has a history of a cumulative trauma work-related injury from September 2012 to September 2013 and continues to be treated for radiating neck and back pain. She was seen by the requesting provider on 01/15/15. Pain was rated at 4-6/10. There was decreased spinal range of motion with multilevel paraspinal muscle tenderness. There was pain with Kemp and Lasegue testing. Up to 8 acupuncture treatments were requested. An internal medicine consult to review a cardiorespiratory report and consult for medication and final assistive technology assessment were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 1-2x4 for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. Therefore, the requested acupuncture treatments were not medically necessary.

MD consult for medication and final assistive technology assess: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant is not using any assistive device and none appears indicated. She is already being treated by a pain management provider. There are no reported abnormal physical examination findings or complaints related to the claimant's cardiac or respiratory function and no abnormal test results are documented. Therefore, this request was not medically necessary.