

Case Number:	CM15-0047444		
Date Assigned:	03/19/2015	Date of Injury:	09/10/2014
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on September 10, 2014. She reported neck pain that radiated to the upper back and entire arms with associated numbness, tingling and burning sensations and lower back pain that radiated to the mid back and right knee. The injured worker was diagnosed as having sprain and strain of lumbosacral joint and ligament, contusion of unspecified site, neck sprain and strain, spasm of muscle, head contusion, possibly post-concussive syndrome, cervical spine myospasms, lumbar spine strain/sprain and radiculitis, tension headaches, dizziness and blurry vision. Treatment to date has included diagnostic studies, acupuncture, pain medications and work restrictions. Currently, the injured worker complains of neck pain that radiated to the upper back and entire arms with associated numbness, tingling and burning sensations and lower back pain that radiated to the mid back and right knee. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 21, 2014, revealed continued pain. Evaluation on January 14, 2015, revealed continued pain. Medications were renewed and acupuncture and physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment two times six for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on September 10, 2014. The medical records provided indicate the diagnosis of lumbosacral joint and ligament, contusion of unspecified site, neck sprain and strain, spasm of muscle, head contusion, possibly post-concussive syndrome, cervical spine myospasms, lumbar spine strain/sprain and radiculitis, tension headaches, dizziness and blurry vision. Treatment has included acupuncture, pain medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Acupuncture treatment two times six for the lumbar spine. The records indicate there was a request for acupuncture in 10/2014, but there was no documentation of the outcome. The MTUS Acupuncture guidelines recommends acupuncture as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. The request exceeds the recommended number; there is no documentation of the outcome of the previous request.