

Case Number:	CM15-0047904		
Date Assigned:	04/01/2015	Date of Injury:	07/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 47 year old female, who sustained an industrial injury on July 8, 2013. She reported headache, dizziness, blurred vision, tingling in the hands and feet, and left leg muscle cramps. The injured worker was diagnosed as having fibromyalgia and rhabdomyolysis. Treatment to date has included a CT scan, MRI, x-rays, lab work, intravenous fluids in July 2013, rheumatology and internal medicine consults, neurology consult, acupuncture, psychotherapy, and medications including pain, antidepressant, anti-anxiety, muscle relaxant. On February 4, 2015, the injured worker complains of persistent, diffuse musculoskeletal pain. The physical exam revealed extensive muscle tenderness. The treatment plan includes 10 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupressure x 16 sessions whole body muscular pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the request is for acupuncture or Acupressure. IMR application is for 10 Acupuncture sessions whole body muscular pain. UR decision dated 02/27/15 was based on 16 Acupressure sessions which were non-certified. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 10 acupuncture treatments are not medically necessary.