

Case Number:	CM15-0047913		
Date Assigned:	04/14/2015	Date of Injury:	07/08/2013
Decision Date:	05/06/2015	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: 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. The injured worker had reported profound diffuse muscle pain with twitching and severe fatigue. The diagnoses have included chronic fatigue syndrome, myalgia with muscle spasms in the calf muscles, amyotrophic lateral sclerosis glycogen storage disease, paresthesia, leukocytosis and insomnia. Treatment to date has included medications, radiological studies, psychiatric consultation, electrodiagnostic studies and acupuncture treatments. Documentation dated May 30, 2014 notes that the injured worker continued to have muscle spasms and movement of the muscles of the legs, spasms throughout her body and generalized weakness. The symptoms were noted to be worsening. The injured worker was noted to have a decrease in her activity level and difficulty functioning. The treating physician's plan of care included a request for acupuncture treatments #10 for the whole body muscular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10 Sessions Whole body muscular pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 10, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 10 is not supported for medical necessity.