

Case Number:	CM15-0048336		
Date Assigned:	03/20/2015	Date of Injury:	12/10/2010
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
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 41 year old female who sustained an industrial injury on 12/09/2010. Current diagnoses include cervical spine sprain/strain and lumbar spine discopathy. Previous treatments included medication management, trigger point injection, and home exercise program. Diagnostic studies included NCV/EMG of the lower extremities on 04/18/2011, and MRI of the lumbar spine. Report dated 01/06/2015 noted that the injured worker presented with complaints that included back stiffness that occurs three times per week and is unable to move when this happens, and severe pain in both wrists after grocery shopping. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for chiropractic treatments. Issue in dispute includes a request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions (2 times 4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient had 4 acupuncture visits. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, additional acupuncture is not warranted at this time. The provider's request for 8 acupuncture session is not medically necessary at this time. Additional acupuncture beyond 6 visits is recommended with documentation of functional improvement from the initial acupuncture trial.