

Case Number:	CM15-0055145		
Date Assigned:	03/30/2015	Date of Injury:	02/08/1998
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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:

65 year old female who sustained an industrial injury on 02/08/1998. She reported falling over a high chair landing on the right side, subsequently suffering injury to the neck, mid and low back, and ankle. Diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and right ankle sprain/strain, degenerative disc disease, and chronic pain syndrome. She is status post four right knee surgeries including two total knee replacements. Treatments to date include medication therapy, activity modification, physical therapy, chiropractic therapy, acupuncture and steroid injections. Per an acupuncture progress report dated 2/27/15, the claimant's pain has decreased from 9/10 to 5/10 and medication has decreased from 4 pills per day to 2 pills per day. She is not working. Per a Pr-2 dated 2/16/15 and 1/7/15, the claimant's pain scale is 8/10. Per a PR-2 dated 1/13/15, the claimant is permanent and stationary and she is starting approved acupuncture treatment. Currently, she had multiple complaints including persistent neck, mid back, low back, and ankle pain associated with tension headaches. The pain was rated 5-8/10 VAS with medication. On 2/16/15, the physical examination documented no new acute findings. The plan of care included acupuncture for multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for multiple body parts 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and the acupuncturist has reported benefits of decreased pain scale and medications. However, the primary provider documents no such reductions in medications or pain scale and the acupuncturist does not specify which medications were reduced. Due to the contrasting statements, objective functional improvement from acupuncture treatment is not substantiated. Therefore further acupuncture is not medically necessary.