

Case Number:	CM15-0056774		
Date Assigned:	04/01/2015	Date of Injury:	06/13/2001
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 52-year-old female, who sustained an industrial injury on 06/13/2001. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and conservative therapies (including acupuncture). Currently, the injured worker complains of left shoulder and low back pain. The diagnoses include multi-level cervical disc injury with 4mm disc protrusion, lumbosacral disc injury, right S1 lumbosacral radiculopathy, cervical spondylosis, repetitive strain injury, myofascial pain syndrome, status post carpal tunnel release surgery (12/2004 and 2005), bilateral wrist tendonitis, and flare-up of low back pain and leg pain. The treatment plan consisted of continued medications, continued electro-acupuncture, and follow-up. Per a Pr-2 dated 1/20/2015, the claimant reports beneficial effects from electro-acupuncture treatment. Although she felt some increased pain locally after electro-acupuncture treatment, but overall she notes functional improvement and is able to do more self-care activities and she walks better. The claimant had at least six acupuncture visits from November 2014 to February 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 had mild subjective benefits. However, the provider fails to document specific objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.