

Case Number:	CM15-0057232		
Date Assigned:	04/02/2015	Date of Injury:	08/31/2011
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
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 46 year old male, who sustained an industrial injury on 8/31/2011, after a fall from about 10 feet, landing on his back. The injured worker was diagnosed as having status post lumbar fusion in 6/2013, post operative lumbago and bilateral lumbar radiculopathy, chronic cervicalgia with intermittent cervical radiculopathy, status post De Quervain's release versus ganglion cyst removal, status post right carpal tunnel release with mild improvement, and chronic intractable pain syndrome. Treatment to date has included diagnostics, surgical intervention, physical therapy, and medications. Currently, the injured worker complains of neck pain and headaches. He reported pain and numbness radiating into the right shoulder and down arm to wrist. He complained on low back pain, with numbness and pain radiating down the left posterior thigh, through the shin and calf, to the foot. Pain was rated 7-8/10 with medication use and 10/10 without. Current medication use included Neurontin, Norco, and Robaxin. The treatment plan included acupuncture therapy (2x3) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7,Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary as a trial.