

Case Number:	CM15-0059803		
Date Assigned:	04/06/2015	Date of Injury:	02/14/2013
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 75-year-old male who sustained an industrial injury on 2/14/13. The injured worker reported symptoms in the neck, back and left shoulder. The injured worker was diagnosed as having lumbago, cervicgia, displacement of lumbar intervertebral disc without myelopathy and lumbosacral spondylosis without myelopathy. Treatments to date have included acupuncture treatment, rest, exercises and oral pain medication. Currently, the injured worker complains of pain in the neck, back and left shoulder. The plan of care was for acupuncture treatment, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture sessions x 9: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 2/14/13. The medical records provided indicate the diagnosis of lumbago, cervicgia, displacement of lumbar

intervertebral disc without myelopathy and lumbosacral spondylosis without myelopathy. Treatments to date have included acupuncture treatment, rest, exercises and oral pain medication. The medical records provided for review do not indicate a medical necessity for additional acupuncture sessions x 9. The records indicate the injured worker has been doing acupuncture since 09/2014; although the records indicate the acupuncture has been helping, this is not reflected in the visual analogue pain scale (the pain has remained unchanged), also, there has been no overall improvement in function. The MTUS guidelines for Acupuncture include: c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented The records do not indicate the injured worker has benefited from this modality of treatment, therefore, the continued use is not medically necessary.