

Case Number:	CM15-0081557		
Date Assigned:	05/04/2015	Date of Injury:	03/31/2012
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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 29 year old male, who sustained an industrial injury on 03/31/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, and psychiatric therapy. Currently, the injured worker complains of headaches, right and left clavicular pain, bilateral shoulder pain, bilateral upper extremity pain, chest and sternal pain, left elbow pain, bilateral hip pain, cervical pain, upper and mid thoracic pain, lumbar pain, sacroiliac pain, bilateral lower extremity pain, and bilateral knee pain, The injured worker rated is pain as a 6/10 with a severity of 2/10 at its best and 9/10 at its worst. There were also complaints of dizziness, stress, anxiety and insomnia. The diagnoses include cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, and rotator cuff syndrome of the shoulder. The request for authorization included 6 sessions of acupuncture for the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week for 3 Weeks Lumbar/Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted documents, there is no evidence of prior acupuncture treatments. Therefore, an initial trial of acupuncture is warranted at this time. The guideline recommends acupuncture for pain. It recommends 3-6 visits to produce functional improvement. The provider's request is consistent with the guidelines recommendation and therefore it is medically necessary at this time. Additional acupuncture sessions beyond the initial 6 visit are recommended if there is documentation of functional improvement.