

Case Number:	CM15-0082102		
Date Assigned:	05/04/2015	Date of Injury:	08/08/2014
Decision Date:	06/03/2015	UR Denial Date:	04/03/2015
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: 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 31 year old male, who sustained an industrial injury on 8/8/14. He reported back and left hand injury. The injured worker was diagnosed as having clinical De Quervain's tenosynovitis, lumbar spine sprain/strain, muscle spasms and lumbar spine disc herniation. Treatment to date has included acupuncture, physical therapy and activity restrictions. Currently, the injured worker complains of constant aching low back pain rated 8/10 with radiation to legs and left thumb tension pain rated 8/10 with radiation to left forearm. The injured worker noted therapy and acupuncture help decrease his pain temporarily and increase function. Physical exam noted tenderness to palpation with spasms of lumbar paraspinals and tenderness to palpation of bilateral sacroiliacs with limited range of motion; tenderness is also noted to palpation of left metacarpophalangeal and proximal interphalangeal joints of thumb. The treatment plan included request for 6 more acupuncture treatments, pain management consultation and functional capacity evaluation also a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions (reported as beneficial in temporarily reducing symptoms, at best), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.