

Case Number:	CM15-0083227		
Date Assigned:	05/05/2015	Date of Injury:	12/11/2009
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 67 year old male who sustained a work related injury December 11,2009, described as involving the chest, neck, mid and low back, left shoulder, left wrist, left knee, and left leg. Past history included post-operative left knee, cervical degenerative disc, and lumbar degenerative disc, hypertension, and depression. According to a medication management evaluation, dated January 5, 2015, the injured worker has on going pain and difficulty with dressing, bathing, cooking, and cleaning. Despite treatment and psychological improvement the injured worker remains with headache, neck/shoulder/back pain, tension pain, chest pain, and peptic acid reaction. Diagnoses are documented as major depressive disorder, single episode and generalized anxiety disorder. An MRI of the left shoulder was performed March 24, 2015, for shoulder pain, and revealed a tear of the supraspinatus tendon, at the insertion site, with fluid in the subacromial subdeltoid bursa indicating a full thickness tear. At issue, is a request for acupuncture 2 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/6wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.