

Case Number:	CM15-0085252		
Date Assigned:	05/07/2015	Date of Injury:	07/01/2012
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 56 year old male, who sustained an industrial/work injury on 7/1/12. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar spine sprain/strain with left radiculopathy, bilateral elbow sprain/strain, epicondylitis of elbow (lateral), right shoulder sprain/strain, overuse with underlying impingement syndrome. Treatment to date has included medication, diagnostics, and chiropractic care. MRI results were reported on 9/13/13 revealed disc desiccation at L4-5 and L5-S1. Right elbow results revealed thickening of the medial collateral ligament. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 8/22/14 revealed bilateral L5 and S1 radiculopathy. Currently, the injured worker complains of neck and low back pain. Per the primary physician's progress report (PR-2) on 4/14/15, there were no subjective symptoms and document submitted was difficult to decipher. The follow up pain management consultation from 3/26/15 reported subjective symptoms of continued pain in his neck which radiates down to both upper extremities as well as pain in the lower back radiating down both lower extremities. Pain is rated 7/10. Examination revealed sensory deficits along C5-6 distribution. Current plan of care included medication, continue chiropractic care, and surgical options. The requested treatments include acupuncture to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 3Wks low back: Upheld

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

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.