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| Case Number: | CM15-0085739 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 01/09/2015 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/14/2015 |
| 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 44-year-old female, who sustained an industrial injury on January 9, 2015. She reported sustaining injuries to her neck, back, knees, arms, head, eyes, and stomach while performing her usual and customary work duties. The injured worker was diagnosed as having blurred vision, dizziness, headache, photosensitivity, cervical pain, cervical sprain/strain, thoracic myospasm, thoracic pain, lumbar pain, lumbar sprain/strain, right lateral epicondylitis, and left lateral epicondylitis. Treatment to date has included medication. Currently, the injured worker complains of right arm tingling feeling, and cramps from both knees to the feet, headaches radiating to arms with numbness, tingling, and weakness, neck pain, upper/mid/low back pain, right elbow pain and stiffness, left elbow pain and stiffness, and bilateral knee pain and stiffness. The Primary Treating Physician's report, the single physician report included in the documentation provided, dated February 16, 2015, noted the injured worker with tenderness to palpation and muscle spasms of the cervical paravertebral muscles, thoracic paravertebral muscles, and lumbar paravertebral muscles. Tenderness to palpation was noted in the bilateral lateral elbows and bilateral medial knees, with muscle spasms noted in the bilateral lateral forearms and bilateral medial knees. The document provided was noted to be missing two pages of the report, including the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xwk X 6wks Cervical/Thoracic/Lumbar Spine, Lower Leg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the report dated 2/16/2015, the patient complained of frequent moderate sharp, stabbing, throbbing, and burning headache radiating to bilateral arm with numbness and tingling and weakness associated with cold weather. There was also pain in the cervical, thoracic, and lumbar spine. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Based on the submitted documents, it appears that the patient has not received acupuncture treatments in the past. Therefore, a trial appears to be medically necessary. The provider's request for 6-acupuncture session is within the evidenced based guidelines for 3-6 acupuncture sessions and is medically necessary at this time.