

Case Number:	CM15-0237852		
Date Assigned:	12/14/2015	Date of Injury:	01/20/2015
Decision Date:	01/22/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/07/2015

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 46 year old female who sustained an industrial injury on January 20, 2015. The IW has not worked since the injury. The worker is being treated for LBP radiating upwards to mid back with associated numbness tingling into BLE; neck pain. Subjective: August 2015 the IW noted wishing to hold off on injection at this time. Objective: sensory examination noted decreased right C5 dermatome to light touch and pinprick and at right L5 dermatomes to light touch and pinprick. Diagnostic: MRI LS February 2015; EMG NCV April 2015; UDS. Medication: Previous medication: Tylenol, Norco, Tylenol #3 and Butrans patches. July 2015: Butrans. June 2015: only utilizing creams. April 2015: Butrans and requested for authorization for Tramadol and topical compound cream. August 2015: topical Capsaicin only; requesting topical compound cream. Treatment: chiropractic treatment 4 total sessions, noted causing groin pain), PT 11 sessions completed, orthopedic consultation for hips and bilateral UE; TENS unit trial April 2015; DME SPC. On November 11, 2015, a request was made for 8 sessions of acupuncture for the CS and LS that were modified to six sessions by Utilization Review on November 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 8 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, 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. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.