

Case Number:	CM14-0111371		
Date Assigned:	08/01/2014	Date of Injury:	05/10/2012
Decision Date:	10/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 46-year-old female was reportedly injured on May 10, 2012. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, low back pain, and bilateral knee pain. The physical examination demonstrated a positive cervical spine compression test and decreased cervical spine range of motion with pain. Left upper extremity strength was rated at 3/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes extracorporeal shock wave therapy, acupuncture, and oral medications. A request had been made for acupuncture for the cervical spine, lumbar spine, shoulders, and knees, as well as a consultation with a psychiatrist and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (lumbar, cervical, thoracic, bilateral knees/shoulders): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: A review of the attached medical record indicates that the injured employee had been previously treated with acupuncture however there is no documentation that these treatments improve the injured employee's ability to function and participate in activities of daily living. Additionally, the California chronic pain medical treatment guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. It is not stated that the injured employee has reduced or is not tolerating existing oral medications. As such, this request for acupuncture for the cervical spine, lumbar spine, bilateral knees, and bilateral shoulders is not medically necessary.

Consultation with a psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: According to the attached medical record recent progress notes do not indicate that the injured employee has any complaints of any potential psychiatric issues. Considering this, the request for a consultation with a psychiatrist is not medically necessary.