

Case Number:	CM14-0165522		
Date Assigned:	10/10/2014	Date of Injury:	09/22/2006
Decision Date:	03/24/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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 60 year old female, who sustained an industrial injury on September 22, 2006. The mechanism of injury is unknown. The diagnoses have included headache, brachial neuritis, lumbosacral neuritis, jt derangement and adjustment reaction. Treatment to date has included diagnostic studies and medications. As of exam on July 15, 2014, authorization was still pending for chiropractic manipulation and physical therapy. Currently, the injured worker complains of constant headaches rated a 7-8 on the 1-10 pain scale. She has constant neck pain radiating to the bilateral upper extremities with numbness and tingling, constant low back pain radiating to the lower extremities with numbness and tingling and constant bilateral wrist/hand pain. On September 12, 2014, Utilization Review non-certified outpatient acupuncture treatments eight sessions, noting the California MTUS Guidelines. On October 14, 2014, the injured worker submitted an application for Independent Medical Review for review of outpatient acupuncture treatments eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments eight (8) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for pain. It recommends a trial of 3-6 visits. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient had prior acupuncture care, therefore a trial of acupuncture may be necessary. However, the provider's request for 8 acupuncture sessions exceeds the guidelines recommendation and therefore, the provider's request is not medically necessary at this time.