

Case Number:	CM14-0215728		
Date Assigned:	01/05/2015	Date of Injury:	01/14/2013
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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 46 year old female who reported right wrist/elbow, low back, neck, and knee pain due to injury sustained on 01/14/13. She was sitting down on a chair when it broke causing her injury. She is diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine strain, bilateral elbow strain, bilateral wrist/hand strain, left knee internal derangement. Patient has been treated with medication, H-wave, therapy, and acupuncture. Per medical notes dated 11/26/14, Patient complains of constant low back pain which radiates to her left foot sometimes. She notes acupuncture helps her manage pain, increase mobility and functionality. She notes H-wave helps her manage pain by 35%. Examination revealed tenderness to palpation of the lumbar paraspinals. Provider requested additional 2X6 acupuncture treatments which were non-certified by the utilization review. Therefore, utilization review decision was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Per medical notes dated 11/26/14, "she notes acupuncture helps her manage pain, increase mobility and functionality. Medical records mention functionality; however, not in a verifiable manner as documented in the provided guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2 times a week for 6 weeks acupuncture treatments are not medically necessary.