

Case Number:	CM15-0107245		
Date Assigned:	06/11/2015	Date of Injury:	11/03/2004
Decision Date:	08/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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(n) 74-year-old female, who sustained an industrial injury on 11/3/04. She reported pain in her neck and lower back. The injured worker was diagnosed as having low back pain, sciatica, right shoulder pain and cervicgia. Treatment to date has included a lumbar brace, Voltaren gel, Daypro, Lidoderm patches, a lumbar MRI, a cervical MRI. As of the PR2 dated 4/1/15, the injured worker reports tenderness in the lower back and the right shoulder. Objective findings include limited shoulder range of motion, a positive straight leg raise test bilaterally, an antalgic gait and limited lumbar range of motion. The treating physician requested acupuncture 2 x weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 sessions, 2 times wkly for 4 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.