

Case Number:	CM15-0108481		
Date Assigned:	06/15/2015	Date of Injury:	09/16/2001
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 (IW) is a 52 year old female who sustained an industrial injury on 09/16/2001. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having neck pain, (MRI of 04/21/2012 shows multilevel small disk bulges at C3-C5 and a small right paracentral disk protrusion at C6-C7), low back pain; (MRI of 04/21/2012 shows degenerative disk disease with disk bulges at L2-L3, L4-L5, L5-S1), and right shoulder pain; (MRI shows a superior labral from anterior to posterior tear as well as tendinosis of the supraspinatus). Treatment to date has included acupuncture and medications. The acupuncture one year ago was felt to be significantly beneficial. With acupuncture, she is able to decrease her pain from 8/10 to 3/10 for four or five days and decrease her Advil from 600 mg twice daily to 200 mg. Currently, the injured worker complains of neck and shoulder pain. On examination she has tenderness to palpation of the cervical and right upper back and shoulder area. She has tenderness to palpation of the lumbar spine paraspinal muscles greater on the right and restricted range of motion with left rotation. The lumbar spine range of motion is limited in flexion to about ten degrees before she has increased pain. The treatment plan is to continue Motrin and request acupuncture. A retrospective request for Motrin 800mg, quantity: 60, for the service date of 05/18/2015, and Acupuncture, quantity: 8 sessions is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, quantity: 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. As prior acupuncture sessions were rendered in the past with reported gains: 50% pain reduction, medication intake reduction and improved sleeping pattern amongst others), acupuncture continuation could have been supported for medical necessity by the guidelines. The number of sessions requested (x 8) exceeds the guidelines criteria without any extraordinary circumstances reported to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 8 is not medically necessary.