

Case Number:	CM15-0016310		
Date Assigned:	02/04/2015	Date of Injury:	11/16/2010
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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 female patient, who sustained an industrial injury on 11/16/2010. A primary treating office visit dated 12/16/2014 reported subjective complaint of headaches, along with neck and both upper/lower back pains. She also reported being depressed. Physical evaluation found head range of motion with lateral left rotation is 5 degrees and right is 5 degrees. There is paracervical tenderness to palpation from C2 to C7-T1. There is parathoracic tenderness to palpation from T1-T12-L1 and paralumbar tenderness from L1- L5-S1. There is exquisite tenderness in the mid-thoracic region along with bilateral parascapular tenderness. There is also bilateral sacroiliac and trochanteric tenderness. She is diagnosed with chronic lumbar back pain with L5-S1 disc protrusion; chronic thoracic myofascial pain; chronic cervical myofascial pain; chronic fibromyalgia, involving the ankles, hands, feet, shoulders, elbows and sternum; chronic post-traumatic stress disorder with work-related exacerbation/aggravation. The plan of care involved requesting authorization for additional acupuncture sessions 12 treating the back and lumbar spine. On 12/30/2014 Utilization Review non-certified the request, noting the CA MTUS Acupuncture Guidelines were cited. The injured worker submitted an application on 01/28/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (additional) twice monthly for the back and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient completed 6 acupuncture sessions. The provider noted that the treatments decrease the patient's pain and increase her level of function. However, there was no documentation of functional improvement with acupuncture treatments. Therefore, the provider's request for additional acupuncture 2 times a month for 6 months is not medically necessary at this time.