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| Case Number: | CM15-0017452 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 08/23/2005 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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 63 year old male, who sustained an industrial injury on August 23, 2005. He has reported injury of lower back, both legs, both shoulders, and both arms. The diagnoses have included rotator cuff tendinopathy, wrist strain, cervical discopathy single level with listhesis, and lumbar discopathy. Treatment to date has included medications, acupuncture, laboratory evaluations, extracorporeal shockwave therapy, localized intense neurostimulation therapy, radiological imaging, electrodiagnostic studies, and a sleep study. The records indicate he is currently not working. Currently, the IW complains of continued low back pain with numbness. Physical findings are noted as abnormal gait, and tenderness with muscle spasm of the neck. The range of motion of the neck is noted as forward flexion 25 degrees, extension 20 degrees. His biceps reflex is diminished with decreased strength. The lumbar spine is noted to have tenderness, and range of motion is flexion 15 degrees, extension 10 degrees, rotation 20 degrees, with muscle spasms noted. A sciatic nerve compression is positive. On January 20, 2015, Utilization Review non-certified acupuncture sessions, quantity #6, based on Acupuncture Medical Treatment guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of acupuncture sessions, quantity #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (sessions) quantity 5.00: 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. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.