

Case Number:	CM15-0017708		
Date Assigned:	02/05/2015	Date of Injury:	08/02/2009
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
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: Ohio

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:

Claimant is a 38 year old female who was injured on 8/2/2009 while working as a correction officer. PR-2 dated 1/9/15 notes a current complaint of low back pain with myofascial pain reported in her upper back and neck. She is currently taking Butrans to control her symptom. Her pain is rated an 8. There is decrease forward flexion and extension with pain of the cervical spine. Motor strength is intact as are deep tendon reflexes. The patient was reported as in moderate distress. Previous treatment has included medications, and trigger point injections. UR decision dated 1/23/15 non-certified 10 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES TEN (X10): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines states that Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce

functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 monthsThe request for 10 acupuncture visits exceeds MTUS recommendation of an initial trial to establish functional improvement and is therefore not medically necessary.