

Case Number:	CM15-0018890		
Date Assigned:	02/06/2015	Date of Injury:	06/08/2013
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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 46 year old female, who sustained an industrial injury on 6/8/13. On 2/2/15, the injured worker submitted an application for IMR for review of Acupuncture 1 x a week x 4 weeks Cervical / Lumbar spine. The treating provider has reported the injured worker complained of spasms and left knee pain and medication refills. Procedure note dated 10/7/14 indicates imaging studies performed: Plain x-ray, CT scan, MRI scan, bone scan. There are no reports or the associated body part for each of these diagnostic testing. This note does demonstrate the injured worker is being treated for the diagnosis of pain in knee - sprain/strain knee. The diagnoses have included lumbar disc disease and lumbar radiculopathy. Treatment to date has included bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections (9/10/14), Sudomotor Function Assessment Diagnostic Testing (10/28/14), chiropractic care and acupuncture. On 1/21/15 Utilization Review non-certified Acupuncture 1 x a week x 4 weeks Cervical / Lumbar spine. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x a week x 4 weeks Cervical / Lumbar spine: 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 Guidelines states that acupuncture may be extended with documentation of functional improvement. According to the submitted records, it appears that the patient completed 8 acupuncture sessions. However, there was no documentation of functional improvement from prior acupuncture care. Therefore additional acupuncture sessions are not medically necessary. The provider's request for acupuncture 1 time a week for 4 weeks to the cervical and lumbar spine is not medically necessary at this time.