

Case Number:	CM15-0019303		
Date Assigned:	02/09/2015	Date of Injury:	02/04/1994
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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 70-year-old female who sustained a work-related injury on 2/4/94. The consult dated 1/6/15 notes a chief complaint of low back pain right greater than left leg pain, neck pain and pain in both arms and the thoracic spine. She has had pain for the past 15 years she also reports wrist and hand pain with bilateral foot pain. Also noted is the complaint of headaches, TMJ pain, and bilateral knee pain. Previous treatment has included medications, chiropractic, psychotherapy, physical therapy, MRIs, neurosurgical consult, pain management, and acupuncture. The result of the previous acupuncture treatment is unknown other than it has helped her symptoms in the past. Current diagnoses include chronic pain syndrome, degenerative disc disease in the lumbar spine, cervicgia, myalgia and myositis, headache, TMJ, knee pain, facet arthropathy, depression, cervical stenosis, shoulder pain, and chronic pain due to trauma. UR decision dated 1/15/15 modified the request for 8 acupuncture visits to 6 citing the need for an adequate trial to produce functional improvement and the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines state that treatments extended the functional improvement was documented. The injured worker has received an undetermined amount of acupuncture visits with no objective functional improvement document. Due to the lack of objective functional improvement and the acupuncture medical treatment guidelines the treatment request for eight acupuncture visits to the lumbar spine is not medically necessary.