

Case Number:	CM15-0019379		
Date Assigned:	02/09/2015	Date of Injury:	08/20/2012
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
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: 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 51 year old female, who sustained an industrial injury on August 20, 2012. She has reported neck and back injury. The diagnoses have included lumbosacral sprain, neck sprain, and prolapse of vaginal walls without mention of uterine prolapse. Treatment to date has included chiropractic, acupuncture, and medications. Currently, the IW complains of continued neck and low back pain, along with right arm pain. Physical findings are noted to be decreased range of motion of the neck, low back, and left shoulder. The left shoulder, neck and back are noted to have tenderness. She is noted to have lower abdominal tenderness and swelling. On December 29, 2014, Utilization Review non-certified acupuncture twice monthly for six months for the lumbar spine, thoracic spine, left shoulder, and vaginal/rectal wall, based on Acupuncture guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of acupuncture twice monthly for six months for the lumbar spine, thoracic spine, left shoulder, and vaginal/rectal wall. Per a Pr-2 dated 11/18/2014, the claimant feels that acupuncture treatments have been beneficial to reduce her pain. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a month for six months for the lumbar, thoracic spine, left shoulder, Vagina/Rectal Wall: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.