

Case Number:	CM15-0113176		
Date Assigned:	06/19/2015	Date of Injury:	03/13/2014
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 23 year old female who sustained an industrial injury on 3/13/14 that occurred as she was lifting an object and experienced a sharp, shooting pain in her upper and lower back. She was medically evaluated and given pain medication. In August 1014 the injured worker was taken off work by her private physician and given pain medication, a walker and referred to an orthopedic surgeon. She currently complains of pain in the back with radiation to lower extremities, neck and right shoulder. Her pain level is 10/10 without medication and 3-4/10 with medication. She ambulates with a walker. On physical exam there was paravertebral tenderness in the lumbar region, decreased sensation to light touch and straight leg raise is positive. Medications are ibuprofen, gabapentin, Percocet, Robaxin. Diagnoses include low back pain with radicular symptoms to lower extremities; lumbar discogenic pain; arthropathy of the lumbar spine. Treatments to date include physical therapy; medications. Diagnostics include MRI of the right shoulder (2/12/15) showing tendonosis and tenosynovitis; MRI of the cervical spine (2/17/15) unremarkable; MRI of the lumbar spine (8/14/14/) showing disc protrusion, degenerative changes; x-ray of the lumbar spine (6/20/14) showing pseudoarthrosis. In the progress note dated 5/20/15 the treating provider's plan of care includes a request for acupuncture twice per week for six weeks to cervical and lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for the C/S, L/S and both shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The report from the provider (dated 05-20-15) in which he requested acupuncture x 12, did not indicate the level of pain (VAS), prior treatments and their benefits, functional-motor-sensory deficits and to be addressed by this request, or the goals for the acupuncture. Also, the number of sessions requested, exceeds significantly the guidelines criteria without documenting any extraordinary circumstances. Therefore the request for acupuncture is not medically necessary.