

Case Number:	CM15-0116342		
Date Assigned:	06/24/2015	Date of Injury:	12/21/2002
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/16/2015

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 36-year-old female, who sustained an industrial injury on 12/21/2002. Diagnoses include reflex sympathetic dystrophy of upper and lower extremities. Treatment to date has included acupuncture, medications including Oxycodone, injections and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported CRPS flare-up in her back due to a minor fall last month. Her pain has increased significantly and is recorded as 10+++/10. She reports being unable to perform activities of daily living. She requests acupuncture to manage this flare-up. She reports that acupuncture is the most effective pain management method and decreases her pain by 50%. She notes significant improvement with her most recent acupuncture sessions. She also reports multiple body part pain due to centralized CRPS with most of the pain in her knees, wrists, low back and hips. Physical examination was not recorded. Per the Supplemental Pain Management Report dated 5/21/2015, she reported chronic low back pain, which radiates to the right posterior hip. She reports that medications are helping and keep her pain at a tolerable level. Upon physical examination, there was pain over the lumbar intervertebral spaces upon palpation. There was pain on palpation of the right sacroiliac joint and tenderness of the lumbarparaspinal muscles. Her gait was antalgic and she favored the right side. The plan of care included additional acupuncture and home exercise. Authorization was requested for 6 additional sessions of acupuncture (2x3) for bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times wkly for 3 wks, 6 sessions for Bilateral Upper and Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines could support additional acupuncture based on the functional improvement(s) obtained/documentated with previous care. In this case, prior acupuncture care was beneficial and subjective-objective gains were documented: 50% pain reduction and functional improvement documented (range of motion improvement and activities of daily living increased). A recent flare up the condition was recently reported and six additional acupuncture sessions were requested. The diagnoses include chronic pain syndrome and complex regional pain syndrome (co-morbidity factors). Summarizing: after prior acupuncture care was rendered in the past (reported as beneficial in symptom reduction-functional improvement), additional acupuncture is supported for medical necessity by the guidelines for the recent flare up. As the number of sessions requested (x 6) is within the guidelines criteria, the request is supported for medical necessity.