

Case Number:	CM15-0116544		
Date Assigned:	06/24/2015	Date of Injury:	10/29/2013
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
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: 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:

This is a 51 year old female with an October 29, 2013 date of injury. A progress note dated May 5, 2015 documents subjective complaints (worsening lower back pain with radiating pain down the bilateral legs to the feet), objective findings (tenderness to palpation about the paracervical and trapezial musculature; positive cervical distraction test; restricted range of motion of the cervical spine due to complaints of pain; tenderness to palpation about the anterolateral shoulder and supraspinatus on the right; mild tenderness extending the pectoralis; restricted range of motion of the right shoulder due to complaints of discomfort and pain; rotator cuff weakness noted; increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; muscle spasms of the lumbar spine), and current diagnoses (cervical spine sprain/strain with radicular complaints; lumbar spine sprain/strain with radicular complaints). Treatments to date have included magnetic resonance imaging of the lumbar spine (March 24, 2014; showed a 2-3 millimeter broad based disc bulge causing mild bilateral neural foraminal narrowing and no canal stenosis), electromyogram/nerve conduction velocity study (March 26, 2015; showed evidence of an acute bilateral L5 and S1 lumbosacral radiculopathy), medications, and physical therapy. Eight sessions of acupuncture were certified on 5/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; eight (8) visits (2x4): 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 authorized on 5/14/2015. However, the provider fails to document objective functional improvement associated with the completion of the recently certified acupuncture. Therefore further acupuncture is not medically necessary.