

Case Number:	CM15-0121344		
Date Assigned:	07/02/2015	Date of Injury:	06/01/1994
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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 61 year old female patient who sustained an industrial injury on 06/01/1994. A primary treating office visit dated 10/31/2014 reported subjective complaint of having had benefit from acupuncture visits which are helping her neck pain. She states working hard at psychotherapy learning to pace her and relax. Her mood is found somewhat less anxious. She is diagnosed with major depression. The plan of care noted the patient continuing individual psychotherapy session and follow up visit. Back on 12/03/2014 at a primary follow up visit she had subjective complaint of having ongoing right hand and thumb pain, bilateral shoulder pain, persistent headaches and lower back pain that radiates to the lower extremities. She is diagnosed with the following: bilateral shoulder impingement syndrome; bilateral thoracic outlet syndrome; cervical discopathy; cervicogenic migraine headaches, fibromyalgia and bilateral upper extremity neuropathy. She did report Fioricet not being an approved medication. She received an injection this visit to the right shoulder. Fioricet was re ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.