

Case Number:	CM15-0127280		
Date Assigned:	07/17/2015	Date of Injury:	10/13/2011
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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 62-year-old male, who sustained an industrial injury on October 13, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical spine HNP, cervical spine degenerative disc disease, cervical spine radiculopathy, left shoulder AC joint arthrosis, thoracic spine sprain/strain, low back pain, lumbar spine HNP, lumbar spine degenerative disc disease, lumbar spine radiculopathy, right ankle internal derangement, abdominal pain and discomfort, anxiety disorder, mood disorder, sleep disorder and stress. Treatment to date has included diagnostic studies, extracorporeal shockwave procedure, surgery and medications. On June 5, 2015, the injured worker complained of neck pain with muscle spasms, left shoulder pain, mid back pain with muscle spasms and radicular low back pain with muscle spasms. She was status post ORIF surgery with residual pain. Her medications offer her temporary relief of pain and improve her ability to have restful sleep. The treatment plan included pain management consultation, medications, lumbar epidural steroid injection, orthopedic surgeon consultation, internal medicine specialist consultation, and acupuncture and shockwave therapy. On June 3, 2015, Utilization Review non-certified the request for acupuncture two times per week times four weeks, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.