

Case Number:	CM15-0172065		
Date Assigned:	09/14/2015	Date of Injury:	03/27/2013
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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, Montana

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 56 year old male sustained an industrial injury on 3-27-13. The injured worker is being treated for post-laminectomy syndrome. Treatments to date include MRI testing, lumbar spine surgery, injections and an undetermined amount of acupuncture. Medications prescribed include OxyContin, Medrol, Soma and Combivent. The injured worker has continued complaints of right foot, low back, neck and bilateral upper extremity pain. Upon examination, there was spasm in the cervical paraspinal muscles with tenderness. There was tenderness over the bilateral trapezius muscle and over the right plantar fascia. Straight leg raising test was positive bilaterally. The treating physician reports that past acupuncture treatments have helped the injured worker's pain symptoms. A request for Acupuncture 12 treatments (Cervical Spine, Lumbar Spine, Bilateral Upper Extremities, Shoulders, Right Foot, Left Knee) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 treatments (Cervical Spine, Lumbar Spine, Bilateral Upper Extremities, Shoulders, Right Foot, Left Knee): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions for cervical spine, lumbar spine, bilateral upper extremity, shoulders, right foot and left knee which were non-certified by the utilization review. Per medical notes, "Acupuncture is very beneficial, reduces his pain, improves function, able to stay on his feet for a longer period of time, and use less medication. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Patient has had extensive acupuncture sessions; however, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.