

Case Number:	CM15-0038903		
Date Assigned:	05/06/2015	Date of Injury:	12/04/2013
Decision Date:	06/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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 51 year old female who sustained an industrial injury on 12/4/13. The injured worker was diagnosed as having sprain/strain of bilateral shoulders and sprains and strains of bilateral upper extremities. Currently, the injured worker reported complaints of pain in the neck and bilateral shoulders. Previous treatments included physical therapy, nonsteroidal anti-inflammatory drugs, activity modification and acupuncture treatment. Previous diagnostic studies included magnetic resonance imaging of the lumbar spine performed 10/17/14 noting minimal degenerative arthritis of the lumbar spine centered at the L3-L4, L4-L5 and L5-S1 with probably subcentimeter cyst in the inferior right kidney. Electromyography and Nerve Conduction Velocity testing were performed 10/24/14 of the upper extremities and 11/7/14 of the lower extremities. PR2 dated 1/9/15 noted the injured worker stated the pain "has decreased since attending acupuncture". Objective findings noted tenderness to palpation to the lumbar spine. The plan of care was for acupuncture treatment. Work restrictions have decreased to no lifting/pushing/pulling of greater than 20 lbs. Prior restrictions as of 11/21/2014 were no lifting/carrying greater than 25 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture visits over 3 weeks for the low back: 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 with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In fact work restrictions have increased. Therefore further acupuncture is not medically necessary.