

Case Number:	CM15-0069238		
Date Assigned:	04/16/2015	Date of Injury:	03/27/2013
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 56 year old male, who sustained an industrial injury on 3/27/13. He reported pain in the low back, right foot, bilateral shoulders, and bilateral knees. Numbness and tingling in the hands and the first digit of both feet was also noted. The injured worker was diagnosed as having post laminectomy syndrome, cervical sprain, carpal tunnel syndrome, and lumbar radiculopathy. Treatment to date has included physical therapy, acupuncture, 3 lumbar epidural injections, 3-4 right foot injections, and cervical spine surgery in November 2014. Currently, the injured worker complains of pain in the neck, bilateral shoulders, bilateral hands/wrist, lumbar spine, and right foot. The treating physician requested authorization for 12 acupuncture sessions for the cervical spine, lumbar spine, bilateral upper extremities, right foot, and right ankle 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions to the cervical and lumbar spine, bilateral upper extremities and the right foot, and ankle (3 x 4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of low back, right foot, bilateral shoulders, and bilateral knee pain. According to the report dated 10/15/2014, the patient completed 2 acupuncture treatments. There was no documentation of functional improvement from prior acupuncture treatment. Therefore, the provider's request for 12 acupuncture session to the cervical, lumbar spine, bilateral upper extremities, the right foot, and ankle is not medically necessary at this time.