

Case Number:	CM15-0073781		
Date Assigned:	04/21/2015	Date of Injury:	09/29/2011
Decision Date:	05/26/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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 57-year-old male, who sustained an industrial injury on 9/29/2011. The medical records submitted for this review failed to include the details of the initial injury. Diagnoses include cervical disc protrusion, lumbar disc protrusion, radiculitis, myospasm, sciatica and bilateral wrist sprain/strain; rule out carpal tunnel syndrome. Treatments to date include medication therapy, physical therapy, acupuncture treatments, and shock-wave therapy. Currently, he complained of pain in the neck and low back. On 1/14/15, the physical examination documented decreased range of motion, tenderness and spasm in cervical and lumbar spines. The plan of care included continuation of acupuncture treatments without stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture therapy for the lumbar and cervical spine, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of neck and low back pain. According to the report dated 1/29/2015, the patient completed 6 acupuncture sessions. There was no objective quantifiable documentation of functional improvement. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement, additional acupuncture beyond the 6 initial sessions are not necessary at this time. Therefore, the provider's request for 8 sessions of acupuncture is not medically necessary at this time.