

Case Number:	CM15-0077301		
Date Assigned:	04/28/2015	Date of Injury:	12/16/2005
Decision Date:	05/28/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/22/2015

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 female, who sustained an industrial injury on December 16, 2005. She has reported back pain. Diagnoses have included chronic regional pain syndrome, lower extremity radiculopathy, lumbar spine failed back syndrome, sacroiliac strain/sprain, fibromyalgia/myositis, major depressive disorder, and other pain disorder related psychological factors. Treatment to date has included medications, back surgery, acupuncture, and cognitive behavioral therapy. The medical record notes that the injured worker reported pain improvement with acupuncture, being able to perform activities of daily living and weaning off of most medications. Cognitive behavioral therapy was documented as having been very effective. A progress note dated March 19, 2015 indicates a chief complaint of improved lower back pain. The treating physician documented a plan of care that included cognitive behavioral therapy, acupuncture, and medications. Six sessions of acupuncture were authorized on 3/27/2015. Per an acupuncture reports dated 4/2/2015, 4/20/2015 and 4/28/2015, the claimant reports low back pain. She experiences 20-30% decrease of pain for 3 days after the last treatment. She finds acupuncture helps her the most. She is able to perform her ADLS for longer periods of time with decreased pain. Per a PR-2 dated 4/16/2015, she has been doing well with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions: 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 of unknown quantity and duration with benefits. She recently had six additional acupuncture sessions certified on 3/27/2015 and at least three sessions were completed. However, the provider fails to document objective functional improvement associated with acupuncture treatment. The same subjective improvement was stated for all three visits. Therefore, further acupuncture is not medically necessary.