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| Case Number: | CM15-0078105 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 07/24/2011 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: 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 44 year old female who sustained an industrial injury on 07/24/2011. Current diagnoses include lumbar radicular pain, lumbar radiculopathy, cervical radicular pain, post traumatic stress disorder, and anxiety and depression. Previous treatments included medication management, epidural injection, and physical therapy. Previous diagnostic studies include right shoulder x-rays. Report dated 03/13/2015 noted that the injured worker presented with complaints that included pain and numbness in both legs. Pain level was 3-5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilled medications, request for epidural injection, psychological referral, request for physical therapy, and follow up in one month. Disputed treatments include acupuncture to the cervical spine 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical spine 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 18), the request for additional acupuncture is not medically necessary.