

Case Number:	CM15-0078346		
Date Assigned:	04/29/2015	Date of Injury:	07/29/2014
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
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: 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 29 year old female injured worker suffered an industrial injury on 07/29/2014. The diagnoses included cervical radiculopathy and lumbar sprain/strain. The injured worker had been treated with acupuncture and medications. On 4/8/2015 the treating provider reported some continued restrictions of range of motion in the neck but with improvement since trial of acupuncture. The treatment plan included Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 weeks of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states recommends 3-6 visits to produce functional improvement. The patient received acupuncture in the past. According to the progress report dated 4/8/2015, the provider reported that there has been some improvement since the last exam. The provider stated that

acupuncture with massage helps her with pain, range of motion, and function. However, there was no objective documentation of functional improvement from prior acupuncture treatments. Therefore, the provider's request for 12 additional acupuncture sessions to the cervical and lumbar spine is not medically necessary at this time.