

Case Number:	CM15-0079888		
Date Assigned:	04/30/2015	Date of Injury:	01/30/2012
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 female patient who sustained an industrial injury on 01/30/2015. A primary treating office visit dated 06/16/2014 reported the patient with subjective complaint of neck, low back pain with no significant improvement. Of note, acupuncture requests pending response. The impression noted brachial neuritis or radiculitis; lumbar radiculopathy; enthesopathy of hip, and stomach function disorder. The plan of care involved: continuing with recommendation for acupuncture therapy, Carisoprodol, Medrox, ketoprofen and follow up in six weeks. Another primary visit dated 11/19/2014 reported subjective complaint of experiencing an aggravation of neck and upper back pain. She has stiffness, restricted range of motion, and a burning sensation in the cervical spine. She reports not doing well taking pain medications as she doesn't tolerate them well. There is no change in the treating diagnoses. The plan of care noted the patient to undergo a course of acupuncture, continue with medications Carisoprodol, Medrox, and Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3xwk x 4wks: 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 amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After an unknown number of acupuncture sessions rendered in the past (reported as beneficial in symptom-function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines without any medical reasoning to support it) the additional acupuncture x 12 is not supported for medical necessity and is not medically necessary.