

Case Number:	CM15-0093128		
Date Assigned:	05/19/2015	Date of Injury:	09/09/2014
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 66 year old female, who sustained an industrial injury on 09/09/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having possible lumbar facet dysfunction, lumbosacral sprain/strain injury, cervical sprain/strain injury, thoracic sprain/strain injury, and myalgia/myositis. Treatment and diagnostic studies to date has included use of ice packs, use of heat packs, home exercise program, and acupuncture with a quantity of seven sessions ordered and as of 03/31/2015 one session completed. In a progress note dated 04/28/2015 the treating physician reports increase in numbness to the lateral thigh. Examination was revealing for pain and stiffness with active range of motion, with a pain induction to the low back with Hibbs test and pain induction with Soto Hall test to the lower cervical region. The injured worker also has muscle guarding on palpation and a decreased sensation to the lateral aspect of the bilateral thighs. The treating physician noted that prior acupuncture sessions assisted in pain reduction allowing her to walk for greater periods of time, but also noted continuation of pain with activities of daily living that were noted to be improved from the previous function of activities of daily living. The treating physician requested additional acupuncture two times a week for four weeks noting that the injured worker had a decrease in pain and an increase in the level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture sessions for the lumbar, cervical, and thoracic spines (2x6):
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/documentated with previous care. After prior acupuncture sessions were rendered in the past with reported gains in symptom reduction and function improvement, additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture is not supported for medical necessity.