

Case Number:	CM15-0094193		
Date Assigned:	05/20/2015	Date of Injury:	12/27/2003
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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 53 year old female, who sustained an industrial injury on 12/27/03. The injured worker has complaints of left shoulder pain and low back pain with radiation into the right leg. The documentation noted that the injured worker has limited range of motion. The diagnoses have included chronic pain; pain in joint shoulder and cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) of the cervical dated 1/20/14 impression showed that there was postsurgical changes of anterior cervical discectomy and fusion (ACDF) at C5-C7, evidence of Chiari malformation and a solid and cystic 7 millimeter nodular focus in the posterior aspect of the sella, correlation is recommended with lab value; cervical spine X-rays on 1/20/14 showed postoperative changes with no evidence of acute osseous abnormality; capsaicin cream; naproxen; ketamine cream; sonata; gabapentin and hydrocodone; injections; home exercise program; right shoulder surgery and physical therapy. The request was for acupuncture for twelve sessions, in treatment of the lumbar spine, quantity 12. Six acupuncture visits were approved as a trial on 4/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for twelve sessions, in treatment of the Lumbar Spine, Quantity: 12: 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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial and is not medically necessary.