

Case Number:	CM13-0007477		
Date Assigned:	09/09/2013	Date of Injury:	10/02/2001
Decision Date:	01/13/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old injured worker with a date of injury of October 21, 2011. The patient has been under-treatment for chronic low back and left shoulder pain. The patient is status post spinal cord implant which is working well, as well the patient is currently being weaned from his narcotics. The patient has discontinued OxyContin 80 mg, and may take Oxycodone 30 mg every 6 hours, and will wean down from 8 to 6/day. Other medications include Baclofen 10 mg, Neurontin 300 mg, Cymbalta, Risperidone, Seroquel, Hydroxyzine Pamoate , Zolpidem, Senna plus and Hydralazine. The patient pain was 4-5/10 and he described mid thoracic pain, tenderness above generator, and underwent left shoulder trigger point injection per [REDACTED]. The patient also reported incontinence. Upon examination , there was tenderness at the T7-8 level, tenderness below battery, coverage of pain to left L5 and S1 dermatomes with stimulator, reflexes were 1/4 at bilateral patellar and Achilles tendons , and strength was full through bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient's condition meets the MTUS guidelines for acupuncture. The record indicated that the patient received acupuncture about 2 years ago with improvement of symptoms. Given the fact that the patient is being weaned off narcotics, acupuncture would be reasonable for pain control and improve function. However the request of 12 sessions of acupuncture exceeds the recommended guidelines of 6 visits with additional visits to be conditionally approved if there is functional improvement. The guidelines state that with evidence of functional improvement treatment may be extended to a frequency of 1 to 3 times per week, over duration of 1 to 2 months . Guidelines define functional improvement as clinically measured subjective and objective improvements to activities of daily living or a reduction in work restrictions. The request for 12 acupuncture sessions is not medically necessary and appropriate. Disclaimer: MAXIMUS