

Case Number:	CM13-0035015		
Date Assigned:	12/11/2013	Date of Injury:	07/13/2009
Decision Date:	02/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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. The Expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture 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 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/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 55-year-old female with a date of injury of 7/13/2009. According to the UR dated 10/02/2013, the progress report dated 9/24/2013 revealed that the patient complained of low back pain with radiation to the bilateral lower extremity and neck pain with radiation to the upper extremity. The left shoulder pain is rated at 4/5 and 9/10 without medication. Significant object findings include reduce range of motion in the cervical spine, spinal vertebrae tenderness at C4-C7, decreased sensation in the C5-C7 dermatome. The patient was diagnosed with lumbar radiculopathy, left shoulder pain, and right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments for the right shoulder (4 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS 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 that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant

improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The provider noted that acupuncture was helpful with pain reduction and mobility; however the provider continued to prescribe medication to the patient and failed to document any reduction in the amount of medication prescribed. In addition, the progress report dated 10/28/2013 through 12/02/2013 failed to document any functional improvement from acupuncture. It noted that the patient had significant improvement in sleep but the patient continued to report daily living limitations in activity and ambulation. The patient continued to have ongoing tenderness throughout the cervical spine. Based on the discussion above, the provider's request for 4 acupuncture sessions to the right shoulder is not medically necessary.