

Case Number:	CM13-0036733		
Date Assigned:	12/13/2013	Date of Injury:	07/25/2006
Decision Date:	02/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Chiropractic Care 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:

According to the available medical records, this is a 52 year old male patient with chronic shoulder, neck and back pain, date of injury 07/25/2006. The previous treatments includes back brace, TENs unit, medication, injection, chiropractic and physiotherapy. The progress report dated 10/03/2013 by [REDACTED] revealed constant neck pain with stiffness, increased activities caused sharp stabbing pains, the pain migrates into his left upper extremity to the finger with numbness, he has difficulty turning to the left, constant left shoulder pain especially with lifting, pushing, pulling or carrying, constant severe low back pain that radiates into the right upper extremity with numbness and tingling, any prolong activities causes burning needle hot pain and also makes the back pain increase, prolonged walking or standing causes increased symptoms, his knees will give out on occasion when walking, stress, anxiety and depression related to pain; exam revealed slight to moderate pain during AROM of the cervical spine, spinous process tenderness, paravertebral and upper trapezius muscle spasm, cervical distraction test positive bilaterally, Maximal foraminal compression test positive bilaterally, soto hall test positive bilaterally, decreased pinwheel sensory on dorsum of left hand, lumbar paravertebral muscle spasm, SLR test positive at 60 degrees bilaterally, Kemp's test positive bilaterally, Milgram's test positive bilaterally, Valsalva test positive bilaterally, diagnoses cervical spine herniated nucleus pulposus, left shoulder internal derangement, lumbar spine herniated nucleus pulposus, secondary stress, anxiety and depression, patient may return to work with no work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A review of the available medical records does not show evidence that the patient's pain medication is reduced or not tolerated, nor is there any current ongoing physical rehabilitation program. Based on the guidelines cited above, the request for Acupuncture is not medically necessary.