

Case Number:	CM13-0037418		
Date Assigned:	06/09/2014	Date of Injury:	12/26/2012
Decision Date:	07/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Board Certified in Occupational and Preventative Medicine, 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 underwent QME on 03/04/2014. The patient reported 3 injuries to the lumbosacral spine. Approximately March 2011 he slipped and fell emptying a street sweeper. The next injury occurred when he was lifting a water pump, and the third injury occurred when he was lifting 3 trash bags. The patient indicated it was with the 12/26/2012 industrial injury he noted onset of pain in both shoulders and both knees. The patient reported a history of medication and acupuncture treatment. Following injuries, the patient continued in his regular job duties until 06/28/2013 (the patient reported, "I'm am [sic] retired now since 06/28/2013."). Complaints of constant pain in the cervical spine, bilateral shoulders, lumbosacral spine, bilateral knees and bilateral ankles were noted. Following examination diagnoses were noted as 1) lumbosacral musculoligamentous strain/sprain with resolved radiculopathy, 2) cervical musculoligamentous strain/sprain, 3) bilateral upper extremity sensory neuropraxia, 4) right shoulder sprain with possible impingement and internal derangement, 5) left shoulder sprain with possible impingement and internal derangement, 6) right knee sprain with possible internal derangement, and 7) left knee sprain with possible internal derangement. The medical provider's PR-2 of 06/19/2014 reports the patient was seen in follow-up with symptoms unchanged. The patient continued with low back pain, neck pain, and shoulder pain. By examination bilateral shoulders exhibited flexion and abduction 160, internal and external rotation 70, adduction and extension 20; motor strength 5-/5; cervical spine extension 35, flexion 30, right and left rotation 70; paraspinal muscle tenderness; dorsolumbar spine flexion 80, extension 20, bilateral bending 20; negative SLR, and lower extremity motor strength 5/5. Diagnoses were noted as low back pain with disc disease and facet disease multilevel, right > left shoulder pain with internal derangement, chronic neck pain, and lumbar spine spondylosis. The provider noted acupuncture had helped the patient in the past, and he recommended acupuncture 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE TREATMENT SESSIONS (2X4): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 acupuncture treatment sessions (2 times per week for 4 weeks) is not supported by CA MTUS Acupuncture Medical Treatment Guidelines to be medically necessary. CA MTUS Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. When acupuncture is supported, CA MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. This patient had treated with prior acupuncture treatment sessions, but there were no records to provide evidence of functional improvement with care already completed; therefore, additional acupuncture treatment sessions are not supported to be medically necessary.