

Case Number:	CM13-0064200		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	04/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 a 52-year-old male who reported an injury on 06/18/2013 due to a fall that reportedly caused injury to the left shoulder, left arm, cervical spine, and lumbar spine. The patient's treatment history included a subacromial injection, physical therapy, medications, cold therapy and cervical pillow, and back massager to the lumbar spine. The patient underwent left shoulder rotator cuff repair and labral flap repair in 11/2013. The patient's most recent clinical evaluation documented that the patient had received acupuncture treatment that provided the patient with the ability to sleep longer and decreased symptoms in the patient's lower extremities. Clinical findings included restricted range of motion of the cervical and lumbar spine in all planes secondary to pain, a positive straight leg raising test bilaterally, and evidence of spasming to palpation of the cervical and lumbar musculatures. The patient's diagnoses included neck sprain/strain, cervical disc protrusion, brachial neuritis or radiculitis, thoracic sprain/strain, lumbar sprain/strain, lumbar disc protrusion, lumbar radiculopathy, and left shoulder internal derangement. The patient's treatment plan included ongoing medication therapy, referral to a cervical and lumbar spine specialist, and acupuncture treatment for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE EVALUATION FOR THE CERVICAL/LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture evaluation for cervical/lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture as an appropriate treatment adjunct therapy to an active therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is participating in physical therapy or a home exercise program that would benefit from the adjunct therapy of acupuncture. Additionally, the clinical documentation does indicate that the patient has previously participated in acupuncture. The efficacy of the previous therapy is not clearly identified within the submitted documentation. There are no objective quantitative measures to support the efficacy of prior treatment. Therefore, the need for an additional acupuncture evaluation is not medically necessary or appropriate.

ACUPUNCTURE TWICE WEEKLY FOR FOUR WEEKS FOR THE CERVICAL/LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture twice weekly for 4 weeks for the cervical and lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture as an appropriate treatment adjunct therapy to an active therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is participating in physical therapy or a home exercise program that would benefit from the adjunct therapy of acupuncture. Additionally, the clinical documentation does indicate that the patient has previously participated in acupuncture. The efficacy of the previous therapy is not clearly identified within the submitted documentation. There are no objective quantitative measures to support the efficacy of prior treatment. Therefore, the need for acupuncture twice weekly for 4 weeks for the cervical and lumbar spine is not medically necessary or appropriate.