

Case Number:	CM13-0069931		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2011
Decision Date:	04/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic Care and 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 injured worker is a 57 year old female who reported right shoulder and low back pain from injury sustained on 7/9/11 due to a fall. X-rays of the right shoulder were unremarkable. X-ray of the lumbar spine showed degenerative changes and disc desiccation. MRI of the lumbar spine revealed 4-5mm disc bulge with degenerative disc disease at L4-L5 and 3-4 mm disc bulge at L5-S1. MRI of the right shoulder revealed tenosynovitis of biceps tendon. The patient was diagnosed with hip sprain, lumbar sprain, shoulder sprain, bicipital tenosynovitis; thoracic and lumbar disc displacement; lumbar disc degeneration and lumbosacral spondylosis. The patient has been treated with physical therapy, medication, chiropractic and acupuncture. Acupuncture progress notes were not included in medical records. Per notes dated 10/9/13, "patient was provided with acupuncture and physical therapy; she noted limited improvement". Per notes dated 11/1/13, patient reported worsening symptoms of pain radiating to the left thigh; difficulty with prolonged standing. Per notes dated 11/4/13, primary treating physician requested acupuncture as a trial of pain control. Hand written progress notes were not legible. The notes did not include objective measurements or functional goals with care. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient continues to be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TWO TIMES PER WEEK FOR THREE WEEKS TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.