

Case Number:	CM14-0105301		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2013
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43-year-old male who reported injury on 07/09/2013. The mechanism of injury was the injured worker was thrown. The diagnoses included cervical, thoracic and lumbar spine and bilateral shoulder pain, sprain and strain. The injured worker was noted to have undergone an MRI of the lumbar spine. Prior treatments were noted to included physical therapy and medications, as well as chiropractic care. The acupuncture secondary treating physician progress report on 05/21/2014 revealed the injured worker had decreased range of motion in the cervical spine and shoulder. The treatment plan was requested for 2 times 3 for electro acupuncture. There was a detailed DWC Form Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine and bilateral shoulder- six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Acupuncture with electrical stimulation is the use of electrical current on the

needles at the acupuncture sites. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if there is documentation of objective functional improvement including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation the injured worker's pain medication would be reduced or was not tolerated. There was a lack of documentation to support the concurrent review for physical therapy. There was a lack of documentation of objective functional improvement including either a clinically significant improvement in the activities of daily living or a reduction in work restrictions. Given the above, the request for acupuncture for the cervical spine and bilateral shoulders 6 visits is not medically necessary.