

Case Number:	CM14-0016784		
Date Assigned:	04/11/2014	Date of Injury:	10/08/2009
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 46 year old male who was injured on 10/08/2009. He fell down the stairs and injured his low back. Prior treatment history has included TENS unit, physical therapy and chiropractic therapy. He was certified for 6 AP sessions on 11/26/2013. PR2 dated 01/13/2014 is illegible. The patient is diagnosed with herniated disc, C/S sprain/strain; L/S sprain/strain; and shoulder strain/sprain. The treatment plan is physical therapy twice a week for 4 weeks and acupuncture twice a week for 4 weeks. He was restricted to modified duty. PR2 dated 12/16/2013 states the patient has complaints of constant cervical spine pain which he rates as 8/10; and constant left shoulder pain rated as 8/10. On exam, there is tenderness to palpation of the cervical spine with spasm and decreased range of motion. There is tenderness to palpation of the left shoulder with spasm and decreased range of motion. The lumbar spine has tenderness to palpation with spasm and decreased range of motion. He is reportedly taking Hydrocodone, Relafen, and (illegible). The patient is recommended physical therapy twice a week for 4 weeks and acupuncture twice a week for 4 weeks. The patient will be monitored with urine toxicology urine drug screen. Of note, there are no oral medications. Ortho evaluation dated 1/27/2013 states the patient is currently working for his pre-injury employer and with modifications. He presents with complaints of continuous aching at times becoming sharp and shooting pain. He has frequent headaches, which he associates with his neck pain. He has stiffness in the neck. Physical therapy and pain medication provide him pain improvement, but he remains symptomatic. The left shoulder continues to have an aching and at times becoming a sharp and throbbing pain. His low back has a nagging pain and at times becomes a sharp and shooting pain. He has difficulty sleeping and awakens with pain. The patient is currently taking OTC pain analgesics as needed. He avoids medications, as he was recently told he has a liver condition and should avoid all

medications. On examination, there is spasm and tenderness over the paravertebral musculature and upper trapezium. Range of motion was accomplished with discomfort and spasm. Reflexes are 2+ bilaterally. There is no tenderness noted around the shoulder; Impingement and Hawkins signs were positive on the left. The patient has an antalgic gait. There is no tenderness and spasm in the paravertebral muscle, but not in the spinous processes and the flank. The patient is diagnosed with cervical radiculopathy, lumbosacral radiculopathy, and bilateral shoulder tendonitis, worse on the left side. PR2 dated 11/12/2013 states the patient's back pain has actually worsened. He has one more session of acupuncture treatment left. The patient states that the acupuncture treatments are helping him significantly with his back pain he continues to take medication for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The medical records that were sent detail that the patient was prescribed acupuncture on 11/26/2-13. It is unclear how many acupuncture sessions the patient has completed. It appears AP is helpful at pain control per the note written by PR2 dated 11/12/2013. The guidelines specify: "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)". This documentation of functional improvement renders this request medically necessary.