MAXIMUS Federal Services

Case Number:	CM14-0135888		
Date Assigned:	09/03/2014	Date of Injury:	01/16/2013
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery 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:

This 45-year-old male truck driver sustained an industrial injury on 1/16/13. Injury occurred when the patient fell from a truck approximately 5 feet onto concrete. The 5/10/13 lumbar MRI impression documented degenerative disc disease and a broad-based disc herniation at L5/S1 with some facet hypertrophy. Past surgical history was positive for left knee meniscectomy, right shoulder arthroscopic SLAP repair on 8/27/13, and right shoulder arthroscopic capsular release with manipulation under anesthesia 2/25/14. The 6/19/14 orthopedic report stated that considering prolonged non-operative treatment, lack of improvement, predominant axial pain, smoking status and obesity, the patient was considered at maximum medical recovery. The patient had undergone three epidural steroid injections without benefit and had had physical therapy multiple times. He was to follow-up with the shoulder surgeon. The 7/8/14 initial pain management consultation report cited moderately severe to severe right shoulder, left knee, low back, rib cage and headache pain. Pain prevented him from working and interfered with activities of daily living. Pain improved with relaxation, rest, exercise, ice, and heat. Right shoulder exam documented decreased range of motion. Lumbar exam documented decreased range of motion, mildly antalgic gait, positive nerve tension signs, decreased left S1 sensation, muscle tenderness and spasms, and bilateral sacroiliac joint tenderness. The treatment plan recommended neurologic and psychological consultations, repeat imaging and electrodiagnostic studies. Treatment records was requested to review past treatment and determined whether he was a candidate for a functional restoration program. Medications, including Norco, Naprosyn, and Terocin patches were continued. The 7/24/14 pain management report cited medications were helping with pain relief and well-tolerated. The patient stated pain was adequately managed with medications. Acupuncture was recommended for 8 visits. The 7/24/14 utilization review denied

the request for acupuncture treatment based on an absence of detailed review of prior treatments rendered and efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture lumbar-right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no documentation that pain medication was reduced or not tolerated. There was no evidence of a current program of functional restoration or a specific functional treatment goal to be addressed by acupuncture treatment. This request exceeds the recommended duration of a trial of acupuncture. Therefore, this request is not medically necessary.