

Case Number:	CM14-0138850		
Date Assigned:	09/05/2014	Date of Injury:	07/01/2012
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 a licensed Chiropractor and Acupuncturist 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 42 year old female who reported bilateral shoulder pain, neck pain and left ankle pain from injury sustained on 7/01/12. She slipped and fell on a bathroom tile floor; her left knee was flexed at the time of the fall. Patient had cervical spine and right shoulder X-rays on 07/01/12 which revealed no abnormalities. MRI of the cervical spine revealed reversal of cervical spine curvature, disc desiccation at C5-6 and C6-7, mucosal thickening in left maxillary sinus; C3-4, diffuse disc protrusion effacing the thecal sac, C4-5 diffuse disc protrusion, C5-6 focal central disc., C6-7 diffuse disc protrusion. MRI of the lumbar spine revealed early disc desiccation is at L4-5 level, L3-4 diffuse disc protrusion more marked paracentrally, L4-5 diffuse disc protrusion, bilateral neural foraminal stenosis that encroaches the left and right L4 exiting nerve roots and L5-S1 diffuse disc protrusion. Patient is diagnosed with cervical spine arthritis, lumbar spondylosis w/o myelopathy, shoulder bursitis, bicipital tendonitis and calcaneofibular sprain. Patient has been treated with medication, ankle brace on the left foot, physical therapy and injection for pain on 07/01/2012. Per AME report dated 09/12/13, patient was treated with three sessions of acupuncture between October/2011 and November/2011. Provided records do not report any functional improvement from said treatment. Per notes dated 07/25/14, patient continues to complain of neck and bilateral shoulder pain at a 10/10 pain level. Right shoulder pain is worse than the left with pain that radiates down the entire right arm with intermittent numbness/tingling. Pain is also noted in the lower back and lower extremity posterolateral thigh. Pain is exacerbated by overhead movement, lifting greater than ten pounds, truck flexion and extension. She ices the affected area twice a day with minimal relief. Primary treating physician requested 2 visits X 4 weeks. There is insufficient documentation to support functional improvement from prior treatment. Medical reports reveal little evidence of significant

changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks, neck, lumbar spine, bilateral ankles and right shoulder, quantity 8: 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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.