

Case Number:	CM14-0181117		
Date Assigned:	11/05/2014	Date of Injury:	11/11/2013
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 licensed in Chiropractic 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 36 year old male who reports neck and back pain, bilateral shoulder and knee pain as well as intermittent pain in the bilateral upper and lower extremities from work related injuries reported on 11/19/2013. Mechanism of injury is believed to be cumulative trauma sustained between the dates of 08/01/2007 to 11/15/2013. An MRI of the cervical spine on 01/12/14 revealed disc protrusions in the mid cervical spine with muscular spasm. MRI of the lumbar spine on 01/12/14 revealed 2mm disc bulge at L4-5 with straightening of the lumbar lordosis. MRI of the right shoulder on 01/07/14 revealed tendinosis of the rotator cuff and its three components. MRI of the left shoulder on 01/07/14 revealed tendinosis of the rotator cuff in the supraspinatus and infraspinatus components. MRI of the left knee on 01/12/14 revealed partial thickness tear of the anterior cruciate ligament. MRI of the right knee on 09/03/14 revealed knee joint effusion. Patient is diagnosed with cervical spine disc protrusion, thoracic spine strain/sprain, lumbar spine disc protrusion, bilateral shoulder tendinosis; right supraspinatus/subacromial cyst, bilateral knees: right injection effusion; left knee ACL tear/tendinosis, headache, insomnia, sexual dysfunction. Per notes dated 10/13/14, patient rates pain in the neck and upper back as a 5/10 and reduced to 4/10 with medication, lower back as a 6/10 reduced to 5/10 with medication, bilateral shoulder and knee pain 6/10 reduced to 5/10 with medication. Patient states that pain is exacerbated by sitting, standing, repetitive use and forceful activity. He states that he feels relief with medication. Patient has been treated with medication, physical therapy, acupuncture, steroid and lidocaine injection and chiropractic. Primary treating physician requested 8 visits which were denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 4 for lumbar and left knee: 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. Per notes dated 10/13/14, patient rates pain in the neck and upper back as a 5/10 and reduced to 4/10 with medication, lower back as a 6/10 reduced to 5/10 with medication, bilateral shoulder and knee pain 6/10 reduced to 5/10 with medication. Provider requested additional 8 acupuncture sessions. 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, additional 8 acupuncture treatments are not medically necessary.