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| Case Number: | CM14-0027337 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/07/2012 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 59 year old male whose date of injury is 03/07/2012. On this date he was lifting rolls of grass and felt low back pain. Panel qualified medical re-evaluation dated 06/09/14 indicates the injured worker complains of bilateral shoulder and low back pain. He reports that acupuncture and medication management help control his pain. Treatment to date includes physical therapy, acupuncture, epidural steroid injections, right shoulder surgery on 08/02/13 and medication management. The report states that he underwent acupuncture treatment for his low back pain without any relief of his symptoms. On physical examination cervical range of motion is flexion 50, extension 50, bilateral lateral bending 40 and bilateral rotation 70 degrees. There are negative impingement signs of the bilateral shoulders. There is a mildly positive supraspinatus sign on the right. Lumbar range of motion is flexion 50, extension 15, and bilateral lateral bending 20 degrees. Diagnoses are right shoulder rotator cuff tear status post surgery, lumbosacral strain/sprain with bilateral lower extremity radicular symptoms, and left shoulder mild tendinitis. The injured worker is noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE TREATMENT FOR THE RIGHT SHOULDER AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for twelve sessions of acupuncture treatment for the right shoulder and low back is not recommended as medically necessary. The submitted records indicate the injured worker has undergone extensive acupuncture treatment to date. California Medical Treatment Utilization Schedule Guidelines note the optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has been determined to be permanent and stationary. There are no specific, time-limited treatment goals provided.