

Case Number:	CM14-0027895		
Date Assigned:	06/16/2014	Date of Injury:	01/03/2007
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 73 year old male who reported neck, low back and left shoulder pain from injury sustained on 1/3/07 due to a motor vehicle accident. MRI of the left shoulder revealed complete rupture of the supraspinatus tendon and acromioclavicular degenerative changes with mild fraying of posterior glenoid labrum. MRI of the cervical spine revealed 1-2mm disc bulge at C6-7 as well as 2 mm disc bulge at C5-6. MRI of the lumbar spine revealed 2mm annular bulge at L4-5 and L5-S1 with no stenosis. Patient is diagnosed with cervical disc displacement without myelopathy; pain in the shoulder joint; lumbar disc displacement without myelopathy and degeneration of lumbar and lumbosacral disc. Patient has been treated with medication and acupuncture. The patient was seen for a total of 6 visits. Per notes dated 9/12/13, patient reports a moderate decrease in pain in low back and pain relief is more sustained than the initial session. There is some improvement in range of motion and he is able to move easier. The patient continues to report chronic low back pain across with intermittent radiation to bilateral calves. Per notes dated 10/9/13, patient presents today for follow up of left shoulder, neck and low back pain. He notes that his pain has been severe for the past 2 weeks since he finishes acupuncture. He notes he had excellent pain relief with acupuncture. He notes that he was able to take about 60% less medication while going for acupuncture. He also notes that he was able to move better, sleep better and walk better with treatment. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved moderate 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:

**ADDITIONAL ACUPUNCTURE TREATMENTS, QUANTITY 6 SESSIONS,
LUMBAR/CERVICAL/LEFT SHOULDER: Overturned**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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 medical reports patient notes he had excellent pain relief with acupuncture. He notes that he was able to take about 60% less medication while going for acupuncture. He also notes that he was able to move better, sleep better and walk better with treatment. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved moderate objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per the MTUS Chronic Pain Medical Treatment 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. Therefore, the request for additional acupuncture treatment, quantity six sessions for the lumbar, cervical, and left shoulder is medically necessary and appropriate.