

Case Number:	CM14-0029120		
Date Assigned:	07/23/2014	Date of Injury:	05/28/2009
Decision Date:	11/20/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 claimant is a 55 year old male who sustained a work related injury on 5/28/2009. Per a PR-2 dated 3/20/2014, the claimant has frequent and stabbing pain in the low back. The pain radiates to the bilateral hip, thigh, knee, foot, and he has numbness, tingling, and weakness in the bilateral leg. He states that medication, rest, activity avoidance, and physical therapy help his pain. He states that the pain is worse with standing, crouching/squatting, repetitive waist bending/twisting, prolonged walking (20 minutes), walking on uneven surfaces, and repetitive lifting/carrying. The claimant experiences headaches, dizziness, difficulty sleeping, mild depression, and mild anxiety. His diagnoses are lumbar spine radiculitis, lumbar spine sprain/strain, rotator cuff syndrome, thoracic/lumbar spine disc displacement, adhesive capsulitis, lumbar sprain/strain, shoulder joint pain, upper arm joint pain, and shoulder sprain. Per a PR-2 dated 6/3/13, the provider states that acupuncture helps with rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times per week over six (6) weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical Treatment Guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also, the provider has not documented any objective findings, subjective findings, or functional deficits regarding the left shoulder. Therefore, further acupuncture is not medically necessary.