

Case Number:	CM14-0029383		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2012
Decision Date:	10/22/2014	UR Denial Date:	02/14/2014
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 Chiropractic Care and Acupuncture, and is licensed to practice in New York. 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 47-year-old male who sustained an industrial injury to his left shoulder and low back. The applicant has undergone multiple test studies, including extensive x-rays (showing mild to moderate degenerative disc disease at L4-L5 and L5-S1), nerve conduction testing of the lower extremities (normal/unremarkable), left shoulder MRI and lumbar MRI. A request for twelve acupuncture visits for the treatment of the lumbar spine and left shoulder was submitted. To date, the applicant has been treated with analgesic medication, physical therapy, left shoulder surgery and at least 1 acupuncture treatment. The acupuncture progress report dated 05/05/14, indicated increased ability to drive and decreased dependency on other therapies but was non specific. The most recent medical evaluation dated June 3, 2014, is notable for lumbar and left shoulder tenderness with limited range of motion secondary to pain. It is also noted in the report that the applicant has been released to return to work with modified duty. A request for spine surgery (L3-S1 decompression and possible fusion) was requested on 06/18/14, stating that the patient has failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the left shoulder and lumbar spine twelve visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.c notes that the time to produce functional improvement is 3-6 acupuncture treatments. In this case, the applicant has requested 12 acupuncture treatments, which falls outside the recommended 3-6 visits. In addition the applicant has remained reliant on medication and is still on modified work duty. Therefore based on the guidelines and a review of the evidence, the request for 12 acupuncture treatments is not medically necessary on Independent Medical review.