

Case Number:	CM14-0047311		
Date Assigned:	07/02/2014	Date of Injury:	04/26/2013
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 58 year old male who reported right shoulder, neck and low back pain from injury sustained on 4/26/13. He was lowering the motor steel walker half way down the truck when he felt severe painful pulling sensation. The patient is diagnosed with sprain of lumbar spine sprain/strain of neck; shoulder disorder. MRI of the lumbar spine revealed multilevel degenerative changes. MRI of the cervical spine revealed multilevel degenerative changes. MRI of the right shoulder revealed partial supraspinatus and infraspinatus tear; subacromial and subdeltoid bursitis. The patient has been treated with medication and therapy. Per medical notes dated 06/10/13, patient complains of continuous pain in the neck, upper back, becoming dull and achy or sharp and shooting. The patient complains of frequent pain in his right shoulder, becoming sharp and shooting or dull and achy. He has episodes of numbness and tingling in his right hand, thumb and finger. The patient also complains of pain in the low back, becoming sharp and shooting, dull and achy. Pain is worse in the evening. Per utilization review (medical notes dated 03/31/14); patient was feeling the same with regards to right wrist and worse with regards to the low back. There was moderate pain, stiffness and weakness in the low back, right shoulder, and right wrist. Examination revealed moderate pain, tenderness to palpation and spasm with decreased range of motion. Primary physician is requesting 10 sessions of initial course of acupuncture treatment which was modified to 6 treatments by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar spine, 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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. The patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.