

Case Number:	CM14-0055988		
Date Assigned:	07/09/2014	Date of Injury:	05/22/2013
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 claimant is a 58 year old male who sustained a work related injury on 5/22/2013. Per a primary treating physician's progress report dated 11/21/2013, the claimant complains of occasional right shoulder pain when the arm is raised or when he is lifting. He has low back pain that radiates to the right groin with occasional numbness and tingling sensation in the right thigh. The pain increases with prolonged sitting and decreases with rest. He states that the pain is well controlled with medication. He also states that therapy and acupuncture helped decrease his pain temporarily. He is able to do more activities of daily living. His diagnoses are lumbar spine sprain/strain with radiculopathy, lumbar spine disc desiccation, lumbar spine hemangioma, right shoulder sprain/strain, right shoulder impingement, right shoulder osteoarthritis, right shoulder tendinosis, right shoulder labral tear, right shoulder effusion, myospasms, and gastritis. He is released to modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past of unknown quantity. The provider states that acupuncture helped reduce pain. In regards to previous acupuncture rendered, there were no significant, measurable outcomes, increased ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.