MAXIMUS Federal Services

Case Number:	CM14-0074051		
Date Assigned:	07/16/2014	Date of Injury:	11/21/2006
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

This is a 55-year-old male with an 11/21/2006 date of injury. A specific mechanism of injury was not described. 4/25/14 determination was not medically necessary given any indication of functional improvement from previous acupuncture and no indication of the amount of acupuncture provided. Regarding the lumbar brace, there was no medical necessity for its use based on guidelines. 3/24/14 medical report identified right shoulder pain rated 8/10. Exam revealed decreased shoulder range of motion, positive impingement tests (including Neer's, Hawkins', Codman drop arm, empty can, Dewbarn's, and Speed's), and 4/5 shoulder abduction muscle testing. Diagnoses included bilateral impingement syndrome, rotator cuff syndrome, acromioclavicular separation, and SLAP tear. S/P right shoulder surgery in 2009. 12/3/12 lumbar spine MRI report revealed at L5-s1 a 3-4mm broad rightward bulge abutting the exiting right L5 nerve with mildly to moderate stenotic neural foramen. The left neural foramen is mildly reduced. At L4-5, there is a 2mm bulge, greater on the left, with mild left greater than right neural foraminal stenosis. The central canal is non- stenotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X 4 TO THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Shoulder Chapter Acupuncture.

Decision rationale: CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. Additionally, ODG supports an initial trial of 3 to 6 visits. Records indicate that the patient had previous acupuncture. The number of sessions completed to date and the objective improvement from such sessions was not documented. In addition, there were no cervical spine examinations available or indication for the need of acupuncture for the cervical spine. Furthermore, the goals to be achieved in future sessions were not delineated therefore this request is not medically necessary.

LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, but is under study for post-operative use. There were MRI findings of nerve root compression, however, no medical report identifying a complete examination of the lumbar spine. There was also no indication of any of the above-cited conditions that would necessitate the use of a lumbar support. There was no indication of the medical necessity for the requested brace at the time of request therefore, this request is not medically necessary.