

Case Number:	CM14-0089674		
Date Assigned:	07/23/2014	Date of Injury:	12/26/2013
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 injured worker is a 42 year old female who reported upper back and low back pain from injury sustained on 12/26/13 after she was stuck by a falling rack of garments. X-rays of the lumbar spine revealed loss of disc height at L4-5, L5-S1 and spondylosis changes throughout the lumbar spine. X-rays of the cervical spine revealed diminishment lordotic curvature. MRI of the left shoulder revealed moderate to severe impingement syndrome; tendinosis of the rotator cuff with a tear. MRI of the cervical spine revealed 2mm posterior disc protrusion at C4-5 and 1.5mm posterior disc protrusion at C5-6. MRI of the lumbar spine revealed extrusion of nucleus pulposus measuring 6.5mm. Patient is diagnosed with cervical radiculopathy, left shoulder impingement, thoracic sprain/strain, lumbosacral radiculopathy, bilateral hip tendinitis/ bursitis, left knee tendinitis/ bursitis and left ankle tendinitis and bursitis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 04/02/14, patient complains of low back pain traveling to her bilateral buttock which she describes as aching and stabbing. Pain is rated at 4/10. She experiences intermittent numbness and tingling in the bilateral buttocks. Per medical notes dated 05/17/14, patient complains of neck pain, left shoulder pain, upper back, low back pain, bilateral hip pain, left knee and left ankle pain. Provider is requesting additional 8 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Additional Acupuncture treatments.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 treatment, frequency: 1-3 times per week, optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary