

Case Number:	CM14-0122127		
Date Assigned:	08/06/2014	Date of Injury:	07/23/2013
Decision Date:	03/26/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 sustained an industrial injury on July 23, 2013. She has reported right shoulder pain, low back pain, and bilateral groin pain and has been diagnosed with right shoulder full thickness tear of the supraspinous tendon, right shoulder acromioclavicular arthrosis, right shoulder impingement, right shoulder glenohumeral arthrosis, right shoulder effusion, lumbar spine stenosis, lumbar spine multilevel disc protrusions, lumbar spine degenerative spondylosis, lumbar spine facet arthrosis, lumbar spine Schmorl's nodes, lumbar radiculopathy, inguinal pain rule out hernia, femoral pain rule out hernia, chronic pain, and depression. Treatment has included medications and chiropractic therapy. Currently the injured worker complains of right shoulder pain, low back pain, and bilateral groin pain. The treatment plan included acupuncture. On July 24, 2014 Utilization Review non certified acupuncture 2 x week x 6 weeks right shoulder and lumbar spine citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks to the right shoulder and lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted document, there was no documentation that the patient had prior acupuncture care. Therefore a trial of acupuncture sessions appears to be medically necessary. The provider's request for 12 acupuncture session to the right shoulder and lumbar spine exceeds the guideline recommendation of 3-6 visits for an initial trial. Therefore, the provider's request is not medically necessary at this time.