

Case Number:	CM14-0193817		
Date Assigned:	12/01/2014	Date of Injury:	01/09/2014
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 injured worker is a 44 year old male who reports pain in his low back, buttocks, left lower extremity, left groin, and left shoulder resulting from a work related injury on 01/09/2014. Patient states he slipped on a piece of meat that was on the ground and fell. Patient is diagnosed with lumbar sprain/strain myospasm, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis, lumbar spondylosis, left shoulder sprain/strain, left shoulder internal derangement, left shoulder bursitis, left rotator cuff tears and left middle finger pain due to possible infection in nail or fungus growth from exposures at work. Per physicians notes dated 10/02/2014 patient rates his pain as follows: low back 7/10, left shoulder 8/10. Per notes dated 10/03/2014, examination reveals the following: lumbar ranges of motion are decreased and painful, there is +3 tenderness to palpation of the lumbar paravertebral muscles, Kemp's causes pain bilaterally; left shoulder ranges of motion are decreased and painful, there is +3 tenderness to palpation over the posterior shoulder and lateral shoulder; there is swelling and tenderness in the left middle finger. Patient has been treated with medication, physical therapy, chiropractic care, surgery of the left shoulder, ESI, possible aqua therapy and lumbar support brace. Primary treating physician requested 3 X 6 visits which were denied per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times a week for six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per 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". Patient has not 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. 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, 3 X6 acupuncture visits are not medically necessary.