

Case Number:	CM14-0200078		
Date Assigned:	12/10/2014	Date of Injury:	07/29/2010
Decision Date:	01/26/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/01/2014

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. The expert reviewer is licensed in Acupuncturist 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 case involves a female injured worker who sustained a work related injury on July 29, 2010, which occurred when she fell and landed on her right buttock. She sustained injury to her buttock, left knee, and tail bone. The injured worker was also noted to be experiencing pain from repetitive upper extremity motions and tasks during work. A Physician's report dated November 19, 2014, noted the injured worker with flare-ups of lumbar spine pain, bilateral leg pain, bilateral shoulders, elbows, wrists, and neck pain. The injured worker's conservative treatments were noted to include physiotherapy, acupuncture, lumbar spine epidural injections, and medication. The physician noted a left shoulder MRI revealed supraspinatus and infraspinatus tendinosis, mild posterior displacement of the humeral head, and glenohumeral joint effusion. A right shoulder MRI was noted to reveal supraspinatus and infraspinatus interstitial partial thickness tearing and tendinosis, impingement from acromioclavicular degenerative joint disease, and posterior displacement of the humeral head. The lumbar spine MRI was noted to reveal L2-L3 spinal canal narrowing; L3-L4 disc protrusion with spinal canal and neuroforaminal narrowing; L4-L5 spondylolisthesis with marked canal narrowing and neuroforaminal narrowing; and L5-S1 retrolisthesis, disc protrusion, with spinal canal narrowing and bilateral neuroforaminal narrowing. An electromyography (EMG) and nerve conduction velocity (NCV) study were noted to show no evidence of peripheral neuropathy or cervical radiculopathy. The MRI and EMG/NCV reports were not included in the provided documentation. The physician noted the diagnoses as neck pain, cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, thoracic pain, low back pain, rupture or herniation of lumbar disc, lumbar sprain/strain, lumbar disc bulge with radiculitis, sprain/strain of the wrists/hands/fingers/knee or leg, carpal tunnel syndrome, and shoulder rotator cuff tears bilaterally. A request for authorization for additional acupuncture two times a week for three

weeks to the lumbar and cervical spine, a spine surgical consult, and re-evaluation in four weeks had been made. On November 25, 2014, Utilization Review evaluated the request for acupuncture two times a week for three weeks to the lumbar and cervical spine, a spine surgical consult, and re-evaluation in four weeks, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician certified the spine surgical consult, and re-evaluation in four weeks. The UR Physician noted that the guidelines state that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, and that the injured worker was not actively seeking physical rehabilitation or surgical intervention for the reported injury. Therefore, the request for acupuncture two times a week for three weeks to the lumbar and cervical spine was not medically necessary. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks to the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of any sustained, significant, subjective-complaints or objective-functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 12 is not supported for medical necessity.