MAXIMUS Federal Services

Case Number:	CM14-0201037		
Date Assigned:	12/11/2014	Date of Injury:	01/05/2010
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 Chiropractor (DC), has a subspecialty 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:

This 45 year old female sustained an injury on January 5, 2010. The mechanism of injury was not included in the provided medical records. Past treatment included anti-inflammatory, muscle relaxant, proton pump inhibitor, serotonin-nor epinephrine reuptake inhibitor, and anti-epilepsy medications, trigger pint injections of the left thoracic spine muscles, epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), and acupuncture. The medical records do not provide specific dates of service or results of the acupuncture. On April 16, 2010, the MRI of the lumbar spine revealed central disc protrusion at L5-S1 and multilevel disc degeneration and Schmorl's nodes scattered throughout the lower thoracic and lumbar spine without associated central canal stenosis, lateral recess or neural foraminal narrowing. On July 29, 2010, the MRI of the thoracic spine revealed mild decreased disk height with mild disk desiccation at T7-8, T8-9, and T9-10, and central disc protrusions at T5-6, T7-8, T8-9, and T9-10 without spinal cord or nerve root compression. On March 21, 2014, the injured worker underwent transforaminal epidural steroid injections at the L4, L5, and S1 levels. On August 1, 2014, the primary treating physician noted the injured worker had increased right shoulder pain, cervical spine pain with numbness of the right hand, and lumbosacral pain with occasional numbness of bilateral lower extremities. The physical exam revealed positive straight leg raise, positive Spurling's, decreased sensation of bilateral feet, normal strength and reflexes of the bilateral lower extremities, positive right shoulder impingement, and positive acute trapezius muscle spasms. Diagnoses were thoracic strain and radiculopathy, cervical and lumbar spine strain, bilateral rotator cuff syndrome, and myofascial pain syndrome, and status post right shoulder surgery. The physician recommended continuing her current oral and topical pain medications, anti-epilepsy, anti-inflammatory, muscle relaxant, proton pump inhibitor medications, and TENS. A right shoulder injection was administered to the injured worker. On November 3, 2014, the treating physician

noted increased pain in the bilateral sacroiliac joints with acute bilateral lumbosacral muscle spasms, no significant numbness of the bilateral lower extremities, and increased pain with some numbness in the right trapezius. The physical exam revealed positive trapezius trigger points, 10% decreased range of motion of the cervical, thoracic, and lumbar spines, positive tenderness of bilateral sacroiliac joints, positive bilateral Faber's, positive right trapezius spasms, and negative straight leg raise and Spurling's. Diagnoses were unchanged from the previous visit. The physician recommended a request for bilateral sacroiliac joint injections and continues current medications. The injured worker underwent four trigger point injections to the right shoulder trapezius. Current work status was described as qualified worker. On November 26, 2014 Utilization Review non-certified a prescription for an additional 8 visits (2x4) of acupuncture for the cervical/thoracic/lumbar spine and right shoulder. The additional acupuncture was non-certified based on the lack of documentation of the number of prior acupuncture visits, the date of the last visit, and clear documentation of the results. There was a lack of clear evidence of measurable objective and functional improvements. The California Medical Treatment Utilization Schedule (MTUS) Acupuncture guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the cervical/lumbar/thoracic spine and right shoulder, twice weekly: 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 had prior acupuncture treatment. Provider requested additional 8 acupuncture treatments which were non certified by the utilization review. 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, 8 acupuncture treatments are not medically necessary.