

Case Number:	CM14-0202172		
Date Assigned:	12/12/2014	Date of Injury:	09/15/2011
Decision Date:	02/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 is a 55 year old male who reports pain in his lower back with numbness of the left leg and bilateral shoulder pain resulting from a work related injury on 09/15/2011. The patient was lifting a buckets weighing approximately 45-50 pounds with his right hand, he twisted at the waist to transfer the bucket onto the pallet when he felt pain to his lower back and right shoulder. The patient is diagnosed with the following: chronic musculoligamentous sprain/strain, cervical spine; M.R.I. evidenced cervical degenerative disc disease with neural foraminal stenosis; chronic right posterior shoulder sprain/strain, rule out rotator cuff pathology; chronic musculoligamentous sprain/strain, thoracic spine; chronic musculoligamentous sprain/strain, lumbar spine; M.R.I. evidenced lumbar degenerative disc disease/herniated nucleus pulposus with neural foraminal stenosis; lumbar facet syndrome; lumbar radiculopathy; sciatic neuritis; chronic lumbosacral sprain/strain; chronic myalgia, myofascitis, and myositis; history of anxiety and depression, deferred to the appropriate specialist. Per physician's notes dated 06/26/2014, patient experienced 50% improvement from one epidural injection, and physician recommended additional injections. AME report dated 07/30/2014 recommends a trial of acupuncture for upper trapezius/myofascial complaints. The patient has been treated with medications, physical therapy, injections and chiropractic care. Primary treating physician requested 12 visits which were denied per guidelines. The patient has not had prior acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 to the right shoulder: 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." The patient has not had prior Acupuncture treatments. 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, 12 Acupuncture visits are not medically necessary.