

Case Number:	CM14-0202442		
Date Assigned:	12/15/2014	Date of Injury:	02/10/2013
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
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 51 year old male who reports pain in his bilateral shoulders, low back, left knee, neck and headaches resulting from a work related injury on 02/10/2013. Patient was standing on a 25 foot ladder and fell from the ladder. Patient is diagnosed with chronic pain syndrome, unstable; cervicobrachial syndrome, chronic, unstable; myofascial pain, chronic, unstable; degenerative disc disease, chronic, unstable. Per physician's notes dated 11/19/2014, patient reported that his low back pain now travels down both lower extremities. Examination reveals an improvement in range of motion in the right shoulder, increased spasms in the right trapezius and paraspinal muscles. No change in his increased low back pain with numbness in the right calf and shin, he states sometimes it will go into his left leg. Positive SSLR on the right. Medial and lateral joint line tenderness in the left knee with crepitus. Patient has been treated with Acupuncture, medications, physical therapy, injections and bilateral shoulder surgeries. Primary treating physician requested 6 additional visits which were denied. The patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 6 additional acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 visits: 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. 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, 6 additional visits are not medically necessary.