

Case Number:	CM15-0007827		
Date Assigned:	01/26/2015	Date of Injury:	06/08/2007
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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 46-year-old female, with a reported date of injury of 06/08/2007. The diagnoses include chronic left C7 radiculopathy, status post C5-6 ACDF, status post left shoulder decompression and Mumford, left extensor origin tendinopathy, and myofascial pain. Treatments have included physical therapy, an electromyogram (EMG), oral pain medications, acupuncture, and a home exercise program. The progress report dated 12/17/2014 indicates that the injured worker complained of ongoing left-sided neck and shoulder blade region pain. It was noted that the symptoms improved following six (6) sessions of myofascial release and some physical therapy. The objective findings include full range of motion in the bilateral shoulders, some limitations in cervical flexion and extension and right side bending, palpable taut bands along the rhomboids and subscapularis, and improved superior trapezius and levator scapulae muscles. It was noted that the injured worker finished therapy in 10/2014, and the previous acupuncture sessions were quite helpful in calming the flares in the parascapular region. The treating physician recommended six (6) additional sessions, and indicated that it would enable her to increase what she was able to do around the house as well as decrease the amount of Norco the injured worker was taking. On 01/13/2015, Utilization Review (UR) denied the request for six (6) acupuncture visits, noting that the prior acupuncture treatments did not produce a reduction in the dependency on continued medical treatment. The MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits, quantity 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Per medical notes Acupuncture enabled her to increase what she was able to do around the house as well as decrease the amount of Norco she was taking; however, 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, additional 6 acupuncture treatments are not medically necessary.