

Case Number:	CM15-0107808		
Date Assigned:	06/12/2015	Date of Injury:	03/31/2014
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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 39-year-old female, with a reported date of injury of 03/31/2014. The diagnoses include lumbar myospasm, lumbar sprain/strain, right shoulder sprain/strain with possible mild impingement syndrome, bilateral shoulder subacromial bursitis, and bilateral subacromial impingement. Treatments to date have included acupuncture, extracorporeal shockwave therapy of the cervical spine, oral medications, electrodiagnostic studies of the lower extremities, an MRI of the right shoulder on 11/26/2014 which showed mild joint effusion and type 2 acromion, and an MRI of the left shoulder on 10/01/2014 which showed supraspinatus tendinosis. The progress report dated 04/28/2015 indicates that the injured worker complained of occasional moderate achy low back pain, and occasional moderate achy bilateral shoulder pain. It was noted that the injured worker had a mild antalgic gait and a mild limp. The objective findings include decreased lumbar range of motion, no bruising, swelling, atrophy, or lesion at the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, bilateral positive straight leg raise, no bruising, swelling, atrophy, or lesion at the bilateral shoulders, decreased bilateral shoulder range of motion, muscle spasm of the anterior shoulder and posterior right shoulder, tenderness to palpation of the left anterior and posterior shoulder, muscle spasm of the left anterior and posterior shoulder, and positive bilateral Neer's and Hawkin's sign. The acupuncture report dated 05/01/2015 indicates that the injured worker complained of bilateral shoulder pain. The severity of the pain was rated 5-6 out of 10. The treating physician requested six (6) acupuncture therapy sessions for the lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy for Lumbar Spine and Bilateral Shoulders (between 4/30/15 and 5/31/15), 6 sessions: 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. 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 acupuncture treatments are not medically necessary.