

Case Number:	CM15-0132195		
Date Assigned:	07/20/2015	Date of Injury:	05/29/2013
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 sustained an industrial injury on 5/29/2013. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having cervical and lumbar sprain/strain, lumbar spondylolisthesis and stenosis, right shoulder/wrist/elbow sprain/strain, right knee and right ankle sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of headaches, neck pain, right upper trunk pain mid-thoracic pain and right shoulder girdle pain. Physical examination showed mild paravertebral cervical and thoracic tenderness and restricted lumbosacral range of motion. The treating physician is requesting 8 sessions of acupuncture for the lumbar, cervical, right elbow, right knee and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times four weeks for the lumbar, cervical, right elbow, right knee and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation' is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites." The patient developed chronic shoulder pain and musculoskeletal disorders. He may be a candidate for treatment with acupuncture. However, there is no documentation of efficacy of previous acupuncture sessions. The frequency of the treatment should be reduced from 8 to 3 or less sessions. More sessions could be considered when functional and objective improvement are documented. Therefore, the request for Acupuncture two times four weeks for the lumbar, cervical, right elbow, right knee and right shoulder is not medically necessary.