

Case Number:	CM15-0133046		
Date Assigned:	07/21/2015	Date of Injury:	10/27/2009
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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 who sustained an industrial /work injury on 10/27/09. She reported an initial complaint of cervical, thoracic, and lumbar spine and bilateral shoulder pain. The injured worker was diagnosed as having neck sprain/strain, lumbar sprain/strain, pain in joint, shoulder region, cervical disc disease, complex regional pain syndrome of right upper extremity, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment to date includes medication and diagnostics. MRI results were reported on 1/17/15 and 1/31/15. EMG/NCV (electromyography and nerve conduction velocity test revealed S1 radiculopathy. Currently, the injured worker complained of pain in the right shoulder, cervical, thoracic, and lumbar spine. Per the primary physician's report (PR-2) on 6/16/15, exam revealed the right shoulder revealed tenderness to palpation and swelling, positive impingement and reduced range of motion. The cervical spine had decreased range of motion, tenderness to palpation, and spasms, positive compression and distraction testing, decreased sensory in the upper extremity. The thoracic and lumbar spine had tenderness with palpation with guarding, positive straight leg raise, decreased range of motion, and positive Kemp's test. Ambulation was with a single point cane. The requested treatments include Acupuncture: 2x3 (Cervical Spine), Acupuncture: 2x3 (Thoracic Spine), Acupuncture: 2x3 (Lumbar Spine), and Acupuncture: 2x3 (Bilateral shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 2x3 (Cervical Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guideline.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. ODG guidelines and ACOEM guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.

Acupuncture: 2x3 (Thoracic Spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guideline.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions for thoracic spine which were modified to 4 by the utilization review. 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 are within 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. Requested visits are within guidelines. Per guidelines and review of evidence, 6 acupuncture visits are medically necessary.

Acupuncture: 2x3 (Lumbar Spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guideline.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions for lumbar spine which were modified to 4 by the utilization review. 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 are within 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. Requested visits are within guidelines. Per guidelines and review of evidence, 6 acupuncture visits are medically necessary.

Acupuncture: 2x3 (Bilateral shoulder): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guideline.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions for bilateral shoulders which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option to hasten surgical recovery. Patient has surgery in March 2015 and has residual pain. Requested visits are within guidelines. Per guidelines and review of evidence, 6 acupuncture visits are medically necessary.