

Case Number:	CM15-0134407		
Date Assigned:	07/22/2015	Date of Injury:	10/30/2014
Decision Date:	09/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 56-year-old female who sustained an industrial/work injury on 10-30-14. She reported an initial complaint of neck, back, left knee, and right shoulder pain. The injured worker was diagnosed as having cervical sprain-strain, rule out cervical disc protrusion, thoracic sprain-strain, and lumbar sprain-strain to rule out lumbar disc protrusion, right shoulder sprain-strain to rule out right shoulder internal derangement, left knee sprain-strain to rule out left knee internal derangement, sleep disruption, anxiety, and depression. Treatment to date includes medication, rest, therapy, chiropractic manipulation and diagnostics. Currently, the injured worker complained of constant to severe neck pain, upper-lower back pain with radiation to the feet with numbness and weakness, left knee pain, and right shoulder pain radiating to the right hand. Per the primary physician's report (PR-2) on 5-12-15, exam noted limited range of motion to the cervical spine with tenderness to palpation of the bilateral trapezii, C3-4 spinous process, C4-7 processes, cervical paravertebral muscles, and suboccipitals with muscle spasm. The Thoracic spine had limited range of motion with tenderness to palpation. The lumbar spine had limited range of motion and tenderness at L3-5 spinous processes, L5-S1, muscle spasm, and positive straight leg raise. The right shoulder had limited range of motion and tenderness to palpation of the acromioclavicular joint, anterior shoulder, inferior border of the scapula, lateral shoulder, medial border of the scapula, supraspinatus and trapezius. The requested treatments include acupuncture therapy sessions for the right shoulder, left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture therapy sessions for the right shoulder, Left knee and Lumbar spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptoms (moderate-severe pain) despite previous-current care (physical therapy, narcotics, work modifications and self care), an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Although the number of sessions requested (x 8) exceeds the guidelines, due to the complexity of this case (symptoms level, intake of narcotics, multiple areas involved and more aggressive procedures sought like surgical repairs and injections in case of acupuncture failing to improve the condition) the request is seen as appropriate, is medically necessary.