MAXIMUS Federal Services

Case Number:	CM15-0134457		
Date Assigned:	07/22/2015	Date of Injury:	09/01/2005
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
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:
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 61-year-old female who sustained an industrial injury on 09/01/2005. The injured worker was diagnosed with cervical spondylosis with myelopathy, cervical intervertebral disc degeneration, right shoulder impingement syndrome and Reflex Sympathetic Dystrophy (RSD) of the right shoulder/upper limb. The injured worker is status post two arthroscopic right shoulder surgeries (no dates/procedures documented). Treatment to date has included diagnostic testing, surgery, trigger point injection with greater than 50% relief lasting several months, opiate detoxification, transcutaneous electrical nerve stimulation (TEN's) unit, acupuncture therapy, physical therapy, home exercise program with stretching and medications. According to the primary treating physician's progress report on June 15, 2015, the injured worker continues to experience right sided neck pain radiating to the right shoulder with tingling of her right upper extremity and muscle spasms of the cervical spine. The injured worker rates her pain level at 4-5/10 with medications and 50% improvement in pain and 10/10 without medications. Examination of the cervical spine demonstrated tenderness over the cervical paraspinous musculature with 2+ muscle spasm. Trigger bands were noted over the right trapezius, levator scapulae and rhomboid. Range of motion was noted as flexion at 35 degrees, extension at 30 degrees, right rotation at 25 degrees and left rotation at 60 degrees. The right shoulder was noted to have touch allodynia over the anterolateral aspect of the right shoulder with tenderness to palpation over the suprascapular region. Hypesthesia over the ulnar aspect of the forearm down to the 4thand 5thdigits was documented. Motor strength was intact distally with negative Tinel's. Current medications are listed as Norco 5/325mg, Ibuprofen, Flexeril and Lidocaine patches. Treatment plan consists of continuing Lidoderm patches, Norco and Ibuprofen, urine drug screening, home exercise program and the current request for Acupuncture therapy twice a week for four weeks. Per an acupuncture appeal on 7/7/15, the provider states that the claimant had objective improvement in flexion, right rotation, and left rotation and

decreased her use of anti-depressant from prior acupuncture in 2013. The provider is requesting acupuncture because the claimant is again symptomatic with significant muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www. odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 05/12/2015).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. At one point, the claimant did have functional improvement as stated in the provider's appeal. The claimant has had more than six sessions but it is unclear how many total sessions have been rendered. Since the claimant is again symptomatic, another trial of acupuncture may be medically necessary. However, eight sessions exceeds the recommendation for a trial. The provider should request another trial of six or less. Therefore, eight further acupuncture sessions are not medically necessary.