

Case Number:	CM15-0134775		
Date Assigned:	07/23/2015	Date of Injury:	07/25/2013
Decision Date:	09/21/2015	UR Denial Date:	06/04/2015
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 42 year old male, who sustained an industrial injury on July 25, 2013. Treatment to date has included diagnostic imaging, oral pain medications, and topical pain medications. Currently, the injured worker complains of pain in the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, and bilateral wrists. His cervical spine radiates to the right shoulder and is associated with cold weather, movement, and range of motion. His thoracic spine pain and lumbar spine pain are associated with cold weather, movement, sitting, standing, walking, driving, bending, kneeling, twisting and holding still. His bilateral shoulder pain is aggravated with cold weather, movement and overhead reaching. His bilateral elbow pain is associated with cold weather, movement, pushing and pulling and his bilateral wrist pain is associated with cold weather, grabbing, grasping and gripping movement. He reports cramping in the right 4th and 5th fingers as well. He rates his pain a 3-8 on a 10-point scale and notes that he has loss of sleep due to pain and suffers from depression, anxiety and irritability. On physical examination the injured worker has decreased and painful range of motion of the cervical spine, the thoracic spine, the lumbar spine, and bilateral shoulders. His bilateral elbows and bilateral wrists have painful range of motion. He has bilateral positive Cozen's tests, straight leg raise tests and Phalen's tests. The diagnoses associated with the request include cervical spine protrusion, myospasm, pain, radiculopathy, sprain-strain; thoracic spine myospasm, pain, and sprain-strain; lumbar spine annular tear, disc protrusion, muscle spasms, pain, radiculopathy, sprain-strain and stenosis; right shoulder impingement syndrome, pain, and sprain-strain; left shoulder impingement syndrome, pain and sprain-strain; right elbow sprain-

strain, epicondylitis, pain, sprain-strain; left lateral epicondylitis, right carpal tunnel syndrome, right wrist sprain-strain, left carpal tunnel syndrome, and left wrist sprain-strain. The treatment plan includes acupuncture therapy to increase range of motion, activities of daily living and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture sessions, as there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 8 acupuncture treatments are not medically necessary.