

Case Number:	CM15-0136460		
Date Assigned:	07/24/2015	Date of Injury:	11/11/2009
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 51-year-old female sustained an industrial injury on 11/11/09. She subsequently reported back and shoulder pain. Diagnoses include chronic myofascial sprain and strain of the cervical and lumbosacral spine. Treatments to date include x-ray and MRI testing, shoulder surgery, prescription pain medications, acupuncture and physical therapy. The injured worker continues to experience spasm and tightness on the left shoulder going up to the cervical. Upon examination, left shoulder range of motion is reduced with pain. Neuro-circulatory status is intact. A request for Acupuncture, 2 times a week, cervical/lumbar spine and left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week, cervical/lumbar spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is a documentation of functional improvement. Records indicate that the patient received acupuncture in the past. According to the progress report dated 4/02/2015, the provider reported that acupuncture proved effective in improving patient's pain level, function, range of motion, and overall sense of comfort. The provider reported that acupuncture helped reduced the pain to 1 and 2. Although there is documentation of pain relief, there was no documentation of functional improvement with previous acupuncture. There was no documentation of improvement in activities of daily living or reduction in the dependency on continued medical treatment. Therefore, the provider's request for additional acupuncture 2 times a week to the cervical, lumbar, and left shoulder is not medically necessary at this time.