MAXIMUS Federal Services

Case Number:	CM15-0138008		
Date Assigned:	07/27/2015	Date of Injury:	04/07/2014
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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 63 year old female who sustained an industrial injury on 4/7/14. She had complaints of left shoulder, ankle, buttock, neck and back pain. Treatments include: medication and physical therapy. Progress report dated 6/3/15 reports continued complaints of pain. She has neck pain with stiffness and pins and needle sensation in the mid cervical and posterior shoulders, with radiating numbness into the left arm down to her forearm. The pain is described as disabling occurs every day and gets worse through the day. The pain is rated 4/10. She has complaints of right sided low back pain and buttocks pain. She has headaches primarily in the morning, rated 6-8/10. Diagnoses include: C4-7 disc degeneration with cervical strain, left shoulder impingement syndrome, right sacroiliac joint dysfunction and left ankle sprain. Plan of care includes: left shoulder subacromial steroid injection, left shoulder MRI, right sacroiliac joint block with arthrogram to identify her pain generator and recommend chiropractic therapy and acupuncture therapy twice a week for three weeks. Will do urine toxicology screen. Work status: temporarily partially disabled with modified duty of semi-sedentary duties. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy twice a week for three weeks to the Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) and ODG Treatment in Workers Comp (13th annual edition), 2015, Shoulder Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested trial of 6 acupuncture sessions for lumbar spine and left shoulder which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Acupuncture is also used as an adjunct to physical rehabilitation, which was also not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.