

Case Number:	CM15-0141120		
Date Assigned:	07/30/2015	Date of Injury:	07/10/2014
Decision Date:	09/09/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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 51 year old female, who sustained an industrial injury on July 10, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic cervical spine strain with underlying degenerative disc disease of the cervical five and six, left shoulder impingement and biceps tenosynovitis status post injection times one, chronic lumbar spine strain, and left knee lateral meniscus tear. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, above noted procedure, magnetic resonance imaging of the left knee, medication regimen, and home exercise program. In a progress note dated June 04, 2015 the treating physician reports complaints of neck pain and stiffness, bilateral shoulder pain with intermitting shooting pain to the left shoulder, constant low back pain that radiates to the left lower extremity, bilateral knee pain and stiffness with the left greater than the right, and right achy hamstring pain. Examination reveals decreased range of motion to the cervical spine with pain, tenderness to the cervical spine, decreased range of motion to the low back with pain, tenderness to the low back, decreased range of motion to the left shoulder with pain, and tenderness to the left knee. The injured worker's pain level was rated a 5 out of 10 to the neck and the left hip, the injured worker's pain level was rated a 7 out of 10 to the left shoulder, the injured worker's pain level was rated a 6 out of 10 to the left knee and the right hamstring, and the injured worker's pain level was rated a 4 out of 10 to the right knee. The treating physician noted prior acupuncture therapy of an unknown quantity that has benefited the injured worker's low back, but the documentation provided did not indicate if the injured worker experienced any

functional improvement with prior acupuncture. The treating physician requested acupuncture two times a week for six weeks for the neck and the low back, but the documentation provided did not indicate the specific reason for the requested treatment.

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 for 6 weeks for the neck and the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has complained of neck, shoulder, low back, and knee pain. According to the progress report dated 06/04/15, the provider reported that acupuncture has helped with the low back pain. The guideline states that acupuncture may be extended with documentation of functional improvement. There was no documentation of functional improvement from prior acupuncture session in the submitted medical records. Based on the lack of functional improvement from prior acupuncture, the provider's request for 12-acupuncture session for the low back and neck is not medically necessary at this time.