

Case Number:	CM15-0143826		
Date Assigned:	08/04/2015	Date of Injury:	05/09/2014
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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 48 year old male who sustained an industrial fall injury on 05-09-2014. The injured worker was diagnosed with cervical strain with left sided cervical radiculopathy, degenerative joint disease of the cervical spine, lumbar strain with left sided lumbar radiculopathy and disc bulging, left shoulder tendonitis and contusion and strain of the left shoulder girdle. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, acupuncture therapy, pain management evaluation and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker reported flare-ups of the low back pain with increased activity but improving with acupuncture therapy. Evaluation noted a non-antalgic gait and able to heel and toe walk without difficulty. Examination demonstrated tenderness to palpation in the left upper, mid and lower paravertebral and trapezius muscles. Cervical spine range of motion was documented as flexion at 45 degrees, 40 degrees extension with pain, 40 degrees right lateral bending, 45 degrees left lateral bending and 60 degrees bilateral lateral rotation at 60 degrees each. Spurling's, Adson and Wright's maneuvers were negative. The left shoulder examination was negative and the left shoulder girdle was tender to palpation at the periscapular and trapezius without winging and negative Tinel's sign over the brachial plexus and thoracic outlet. Examination of the lumbar spine noted tenderness to palpation in the paravertebral muscles with straight leg raise and rectus femoris stretch sign causing pain in the lower back without nerve irritability. Lumbar spine range of motion was noted as flexion at 25 degrees, extension at 15 degrees, bilateral lateral bending at 20 degrees each; right lateral rotation at 25 degrees and left

lateral rotation at 20 degrees. Bilateral hips were stable. There was patchy decreased sensation of the left lower extremity at the L5 distribution. The injured worker is on temporary total disability (TTD). Current medications were not documented. Treatment plan consists of psychiatric evaluation; complete the current acupuncture therapy visits, follow-up with neurologist, home exercise modalities, treatment options discussed and the current request for an additional 12 sessions of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Another 12 sessions of acupuncture: Upheld

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

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 and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. The claimant remains off work. Therefore, further acupuncture is not medically necessary.