MAXIMUS Federal Services

Case Number:	CM15-0147663		
Date Assigned:	08/10/2015	Date of Injury:	03/24/2014
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 33 year old male, who sustained an industrial injury on 3-24-14. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic spine pain; disorders of the lumbar spine; sprain of the rotator cuff. Treatment to date has included acupuncture; physical therapy; home exercise program; pain psychology; Functional Restoration Program; lumbar epidural steroid injection; injections; medications. Diagnostics studies included MRI thoracic spine (10-6-14); MIR lumbar spine (10-6-14); EMG/NCV study (7-10-14); X-ray Right shoulder (3-27-15); MRI right shoulder (3-27-15). Currently, the PR-2 notes dated 3-27-15 indicated the injured worker was in the office for a consultation. He complains of persistent pain in his right shoulder and he reports pain with forward flexion. He also reports mild weakness and no improvement. He has had a right shoulder injection approximately 4 months ago. He has had physical therapy. X-rays of the right AC joint are reported to show a clean joint with minimal spurring. A MRI of the right shoulder showed a small partial tear of the supraspinatus tendon that cannot be excluded. The impression is an impingement of the right shoulder and lower mid back pain. he reports he has difficulty doing his day-today activities. The provider is requesting authorization for cortisone injections into the right shoulder. He may consider a right shoulder arthroscopy. On 3-12-15 the injured worker presented to the emergency room for low back pain radiating to his lower extremities. He was admitted several months prior for back pain. On this visit he reported he had been taking his pain medications but without relief. He was treated with oral prednisone and given injections of Dilaudid and Toradol along with oral Flexeril and Zofran. He was instructed to follow-up with his primary care physician for his hyperglycemia. Those records indicated he used a cane for ambulation. The provider is requesting authorization of Acupuncture therapy, Thoracic/ Lumbar spine, 2 times wkly for 3 wks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, Thoracic/ Lumbar spine, 2 times wkly for 3 wks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the providers records, the patient underwent 17 acupuncture sessions between 01-22-15 and 7-9-15. The functional scores used to measure the benefits obtained with the acupuncture were 43 (initial visit) to 45 (visit 17, worse than initially). The score on the visit 18 (07-26-15) came down to 19 without any explanation from the provider. Based on the guidelines, the maximum of acupuncture sessions recommended if 14 treatments. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. Therefore, the number of visits exceeds the guidelines criteria without compelling, extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not medically necessary.