

Case Number:	CM15-0167823		
Date Assigned:	09/08/2015	Date of Injury:	05/26/2010
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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 45-year-old male sustained an industrial injury to the neck and back on 5-25-10. Magnetic resonance imaging cervical spine (1-18-11) showed multilevel disc desiccation and loss of intervertebral disc height with disc protrusion at C3-4. Magnetic resonance imaging lumbar spine (8-11-10) showed lumbar spondylosis L5-S1 with disc herniation, stenosis and an annular tear. Electrodiagnostic testing of bilateral lower extremities (6-4-12) was normal. Electrodiagnostic testing upper extremity (4-7-14) showed right carpal tunnel syndrome. Previous treatment included physical therapy, cognitive behavioral therapy, transcutaneous electrical nerve stimulation unit, and medications. In an initial evaluation dated 7-29-15, the injured worker complained of pain to the cervical spine, thoracic spine, bilateral shoulders, bilateral elbows, bilateral forearms, bilateral wrists, bilateral hands, lumbar spine, bilateral buttocks, bilateral legs, bilateral knees, bilateral calves, bilateral ankles and bilateral feet. The injured worker rated her pain 8 to 9 out of 10 on the visual analog scale. The injured worker also complained of dizziness, anxiety, stress and insomnia. Physical exam was remarkable for tenderness to palpation at the cervical spine, thoracic spine, lumbar spine, bilateral sacroiliac joints and bilateral buttocks with decreased range of motion to the cervical spine and lumbar spine, positive cervical compression test, positive straight leg raise, positive sitting root and positive Braggard's tests. The injured worker had severe difficulty changing from standing and seated positions and could not raise her shoulder due to pain. The treatment plan consisted of magnetic resonance imaging of the cervical spine and lumbar spine, acupuncture twice a week for four weeks, four sessions of shockwave therapy for bilateral shoulders and medications (Neurontin, Norco and Voltaren Gel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, Cervical & Lumbar spine, 2 times wkly for 4 wks, 8 sessions, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend a trial of 3-6 sessions to produce functional improvement. Based on the submitted records, there was no evidence of prior acupuncture session. An initial trial may be warranted at this time. However, the provider's request for eight acupuncture session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.