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| Case Number: | CM15-0182264 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 08/27/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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:

This injured worker is a 54 year old female who reported an industrial injury on 8-27-2013. Her diagnoses, and or impressions, were noted to include: cervical, thoracic & lumbar spine sprain-strain; cervical herniated disc and radiculitis and cervicalgia; lumbar and lumbosacral herniated disc with radiculitis, lumbar facet arthropathy, and lumbago; and right shoulder sprain-strain. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the cervical, thoracic & lumbar spine & right shoulder (9-29-14); a qualified medical evaluation on 6-29-2015; obstructive airway-nocturnal evaluation on 6-16-2015; and medication management. The progress notes of 8-4-2015 reported: intermittent, moderate neck pain, rated 4 out of 10 on medications, with tingling, that radiated to the right shoulder; intermittent, moderate upper-mid back pain, rated 4 out of 11 on medications; intermittent, moderate low back pain, rated 4 out of 10 on medications, that radiated to the legs; intermittent, mild-moderate right shoulder pain that radiated to the hand; and depression with anxiety due to pain. Objective findings were noted to include: decreased and painful cervical range-of-motion, with tenderness of the bilateral trapezii and tenderness with spasms in cervical para-vertebral muscles, and positive cervical compression test; tenderness and spasms to the thoracic para-vertebral muscles; tenderness of the lumbosacral spinous process, lumbar para-vertebral muscles, right sacroiliac joint and sacrum, and muscle spasms to the bilateral gluteus and lumbar para-vertebral muscles, that were with decreased and painful range-of-motion; tenderness of the acromioclavicular joint, anterior, lateral and posterior shoulder, that were with decreased and painful range-of-motion; and the review of the 5-28-2015 orthopedic consult report indicating

that surgery was not recommended at that time, and to continue conservative care. The physician's requests for treatment were noted to include 1 x 6 acupuncture treatment for right shoulder, cervical spine, thoracic spine, and lumbar spine to alleviate pain. The Request for Authorization for 6 acupuncture treatments was not noted in the medical records provided. The Utilization Review of 8-18-2015 non-certified the requests for acupuncture x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions: 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 guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture in the past. The provider reported that the patient gained relief with acupuncture treatments. However, there was no documentation of functional improvement from prior acupuncture. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time. Additional acupuncture session was not demonstrated to be medically necessary due to the lack of functional improvement from previous sessions.