

Case Number:	CM15-0183065		
Date Assigned:	09/23/2015	Date of Injury:	05/06/2014
Decision Date:	10/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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 54-year-old male, who sustained an industrial injury on 5-6-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spine strain-sprain, herniated cervical disc, bilateral shoulder strain-sprain, impingement, left hand strain, carpal tunnel syndrome, lumbar spine sprain-strain, herniated lumbar disc and a right foot and ankle strain-sprain. Treatments to date include activity modification, anti-inflammatory, physical therapy, chiropractic therapy, and acupuncture treatments. Currently, he complained of ongoing pain in the neck, low back and bilateral shoulders. Acupuncture received is noted to provide "significant relief" and thereby "causing improvement in activities of daily living and decreased the amount of pain medications." On 8-31-15, the physical examination documented a positive foramina compression test and a positive Spurling's test with tenderness and muscle spasms noted to the cervical spine. There was decreased muscle strength and decreased sensation in bilateral upper extremities. The right shoulder demonstrated tenderness and a positive impingement test. There was decreased lumbar range of motion, tenderness, positive straight leg raise test and decreased sensation in lower extremities. The plan of care included additional acupuncture treatments. The appeal requested twelve (12) acupuncture treatments to the cervical spine, lumbar spine, bilateral shoulders and the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6 for the cervical, lumbar, bilateral shoulders and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The August 15, 2015 utilization review document denied the treatment request for 12 acupuncture visits to be directed to the patient's cervical and lumbar spines, bilateral shoulders and right foot citing CA MTUS acupuncture treatment guidelines. The patient's prior medical history included medications, the use of cold packs in a back brace as well as physical therapy. Treatment also included acupuncture with relief but no subsequent documentation of a number of completed visits. The medical necessity for initiation of additional acupuncture care was documented to the extent that additional care was reasonable but exceeded CA MT US acupuncture treatment guidelines. The medical necessity for 12 acupuncture visits was not documented in the reviewed medical records or consistent with the criteria for additional treatment per CA MTUS acupuncture treatment guidelines. This request is not medically necessary.