

Case Number:	CM15-0187163		
Date Assigned:	09/29/2015	Date of Injury:	07/06/2001
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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 46 year old female sustained an industrial injury on 7-6-01. Documentation indicated that the injured worker was receiving treatment for right shoulder sprain and strain, lumbar sacral strain and left carpal tunnel syndrome. Previous treatment included transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 7-15-15, the injured worker complained of right shoulder and back pain, rated 8 out of 10 on the visual analog scale and right hand numbness. The injured worker reported not being able to sleep without taking a sleeping pill. Physical exam was remarkable for tenderness to palpation to the cervical spine and right shoulder with right shoulder "cramps" and normal gait. The treatment plan included continuing Tramadol, a prescription for Ambien and continuing home exercise. In a PR-2 dated 9-2-15, the injured worker stated that her right shoulder and back pain was "terrible". The injured worker reported waking up with pain, inability to turn the shoulder and right hand swelling. The injured worker stated that Tramadol helped with pain but caused stomach upset. Physical exam was remarkable for tenderness to palpation to bilateral shoulders with right shoulder range of motion 130 out of 180 degrees, left shoulder range of motion 135 degrees out of 180 degrees and lumbar spine flexion 45 degrees. The treatment plan included requesting six sessions of acupuncture for the right shoulder and lumbar spine, a prescription for Tramadol and continuing home exercise, heat and transcutaneous electrical nerve stimulator unit. On 9-11-15, Utilization Review modified a request for acupuncture, six visits, for the lumbar spine and right shoulder to acupuncture, four visits, for initial clinical trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits for the right shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: These September 11, 2015 utilization review document denied the treatment request for an initial trial of acupuncture, six visits to manage the patient's residual lumbar spine and shoulder complaints citing CA MT US acupuncture treatment guidelines. The patient's past medical history of treatment since the 2001 date of injury included medical management with medications, passive therapies, physical therapy, nerve testing and a prior recommendation for surgery and 2001. The patient was monitored for reflex sympathetic dystrophy with diagnostics demonstrating right ulnar neuropathy at the elbow and carpal tunnel syndrome. The reviewed medical records supporting the medical necessity for initiation of a trial of acupuncture consistent with CA MTUS acupuncture treatment guidelines. The recommendation for four of six requested visits is consistent with the guidelines referenced with no reviewed clinical evidence that supports application of acupuncture in excess of four visits. The CA MT US acupuncture treatment guidelines supports an initial trial of care of three - six visits with evidence of functional improvement should additional care be requested.