MAXIMUS Federal Services

Case Number:	CM15-0189791		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2010
Decision Date:	12/08/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 8-30-2010. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain, left shoulder rotator cuff tendinitis-bursitis, bilateral wrists sprain-strain, lumbar spine sprain-strain with radicular complaints, and right knee sprain-contusion. According to the progress report dated 8-20-2015, the injured worker presented with complaints of intermittent, moderate low back pain, which is worsening. The pain radiates down the buttocks to the posterolateral thighs and posterior calves, left greater than right. He also reports intermittent, moderate neck pain with radiation to the fourth and fifth digits in both hands. The level of pain is not rated. The physical examination of the left shoulder reveals tenderness, muscle spasms, and positive impingement and supraspinatus weakness tests. Examination of the bilateral hands reveals tenderness to palpation along the distal radio ulnar joint, ulnar styloid, and radial styloid on the right. There is no crepitus. Compression test is positive on the right. Examination of the lumbosacral spine reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction, muscles spasms, and positive straight leg raise test bilaterally. Examination of the right knee reveals tenderness to palpation along the medial joint line and superior pole of patella. The medications prescribed are Nabumetone, Cyclobenzaprine, and Omeprazole. Previous diagnostic studies include x-rays. Treatments to date include medication management, physical therapy, acupuncture (provided temporary pain relief), and chiropractic. Work status is described as permanent and stationary. The treatment plan included acupuncture, electrodiagnostic testing of the upper extremities, and pain

management consultation. The original utilization review (9-3-2015) had non-certified a request for 8 acupuncture sessions to the cervical spine, left shoulder, bilateral wrists, lumbar spine, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested acupuncture is not medically necessary.

Acupuncture 2x4 to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been

provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested Acupuncture 2x4 to the left shoulder is not medically necessary.

Acupuncture 2 x 4 to the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested Acupuncture 2 x 4 to the right wrist is not medically necessary.

Acupuncture 2x4 to the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular

body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested Acupuncture 2x4 to the left wrist is not medically necessary.

Acupuncture 2x4 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested Acupuncture 2x4 to the lumbar spine is not medically necessary.

Acupuncture 2x4 to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. If the patient has not received previous acupuncture for this particular body part, the current request for a visit exceeds the 6-visit trial recommended by guidelines. As such, the currently requested Acupuncture 2x4 to the right knee is not medically necessary.