

Case Number:	CM15-0189841		
Date Assigned:	10/02/2015	Date of Injury:	05/26/2012
Decision Date:	11/09/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/28/2015

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 49 year old male who sustained an industrial injury on 05-26-2012. According to a progress report dated 07-21-2015, the injured worker reported frequent intermittent moderate pain, stiffness, weakness and clicking of the right shoulder. "Slight decrease in pain, with acupuncture" was noted. Mid back pain was described as intermittent, mild with stiffness, "improving". Lower back pain was described as moderate pain radiating down the right leg and stiffness "slight decrease in pain with acupuncture". Objective findings included moderate palpable tenderness of the right shoulder. Range of motion was decreased with abduction, flexion, internal rotation, external rotation, extension and adduction. Apley's scratch, Apprehension, Yergason was positive. Examination of the lumbar spine demonstrated moderate palpable tenderness, decreased range of motion with extension, lateral flexion right and left and rotation right and left. Kemps, straight leg raise, Ely's and Milgram's were positive. Positive Valsalva was noted. Examination of the thoracic spine demonstrated mild to moderate palpable tenderness, less hypertonic paraspinal muscles and positive Kemps. Diagnoses included lumbar spine disc bulges with radiculopathy per MRI on 07-01-2015, right shoulder impingement syndrome tendonitis per MRI on 07-01-2015 and thoracic spine sprain strain. The provider noted that the injured worker's response to acupuncture had been "satisfactory" and that pain levels and intensity of pain had "slightly improved". The treatment plan included additional acupuncture. An authorization request dated 07-21-2015 was submitted for review. The requested services included 8 acupuncture visits. On 09-12-2015, Utilization Review non-certified the request for acupuncture 8 visits twice a week for 4 weeks lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits, twice a week for 4 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 12, 2015 denied the treatment request for additional acupuncture, eight visits or two times per week over four weeks for management of the patient's residual lumbar spine complaints citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect prior case management with chiropractic manipulation. The reviewed medical records failed to identify any residual objective deficits in the patient's lumbar spine that would support the initiation of acupuncture care, eight visits solely on the presentation of discomfort in the affected region. The reviewed records failed to identify a significant orthopedic or neurological testing that would indicate residual deficits necessitating pain management or care to increase spinal function. The reviewed medical records failed to identify the medical necessity for initiation of acupuncture management, eight visits or comply with the prerequisites for acupuncture treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.