

Case Number:	CM15-0190299		
Date Assigned:	10/02/2015	Date of Injury:	06/03/2013
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
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 46 year old female who sustained an industrial injury June 3, 2013. Past treatment included medication, chiropractic treatment, ice-heat, and exercise. On December 3, 2014 she underwent a left sided L4, L5 S1 transforaminal epidural steroid injection, transforaminal epidural neurolytic injection; transforaminal plexus neuroplasty and epidurogram. The injured worker did complete 64 hours of a functional restoration program (trial) June, July and August, 2015. Diagnoses are lumbar disc displacement without myelopathy; cervicgia; arthropathy not otherwise specified of shoulder. According to a treating physician's progress report dated July 28, 2015, the injured worker presented with complaints of neck pain, lower back pain, left lower extremity pain and left shoulder pain, rated 7 out of 10. The pain radiates to the left thigh, left leg and left foot. She reports with current medication regime, her pain is adequately managed. Current medication included Cyclobenzaprine, Fenopofen, Omeprazole, Sennosides, Norco, and Tylenol Ex-str. Physical examination revealed; antalgic gait; cervical facet loading positive left and negative right; lumbar- range of motion restricted by pain, lumbar facet loading positive on the left and negative on the right, straight leg raise positive on the left at 90 degrees seated, negative on the right; left shoulder. Neer's positive; sensation is decreased over medial thigh, lateral thigh and medial and lateral forearm, left side. Acupuncture notes submitted are handwritten and illegible. Treatment plan included discontinue medication; Cyclobenzaprine, Fenopofen, Omeprazole, and Sennosides. At issue, is a request for acupuncture (2) times a month for (3) months, for a total of (6) visits, for the low back and neck. Drug toxicology reports dated March 27, 2015, April 24, 2015, and May 28, 2015 are

present in the medical record. An MRI of the lumbar spine dated July 27, 2015(report present in the medical record) impression as; stable degenerative changes of the lower lumbar spine. According to utilization review dated September 1, 2015, the request for acupuncture (2) times a month for (3) months a total of (6) visits for the low back and neck are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a month for 3 months, for total of 6 visits, for low back and neck:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.