MAXIMUS Federal Services

Case Number:	CM15-0194815		
Date Assigned:	10/08/2015	Date of Injury:	06/03/2011
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old male, who sustained an industrial injury on 06-03-2011. He has reported subsequent neck, shoulder and low back pain and was diagnosed with cervicalgia, shoulder and low back pain, chronic cervicothoracic, thoracolumbar and lumbar musculoligamentous strain and sprain, lumbar spondylosis and chronic strain and sprain of the left shoulder with advanced degenerative joint disease of the left acromioclavicular joint. X-rays of the cervical spine on 04-13-2015 showed post-surgical changes to include fusion from C3-C7, which seemed to be solid with anterior plate and screw in place and multilevel foraminal narrowing. X-rays of the lumbar spine on 04-13-2015 showed lumbar spondylosis with degenerative disc disease affecting L3-L5 with a 3 mm anterior slip of L4 on L5 and degenerative facets of the lumbar spine. Treatment to date has included medication, physical therapy, acupuncture and surgery with no significant pain relief documented. 7 acupuncture treatment notes were submitted from 03-13-2015-04-10-2015 as well as acupuncture notes on 08-17-2015 and 08-24-2015 but the total number of acupuncture visits received to date is unclear. The acupuncture notes are difficult to decipher and there is no documentation of objective functional improvement with previous treatment. In the most recent primary treating physician's progress note dated 04-28-2015, the injured worker reported neck stiffness, bilateral shoulder pain and low back pain. Slight weakness of both hands and legs was noted and acupuncture and "TUINA" were noted to reduce pain and spasm so that he could perform more daily activities. Objective examination findings revealed "op scar cervical spine, chronic gouty arthritis with joint deformity post op, muscle atrophy pectoralis, trapezius and deltoid, ortho test

positive, cervical spine compression, shoulder depression, Kemp, Lasegue, Elys, Yeoman's." Work status was documented as retired. The treatment plan was for acupuncture electrical stimulation, myofascial release, infrared 1x week for 6 weeks. A request for authorization of additional acupuncture, cervical and lumbar spine, 1 time weekly for 6 weeks, 6 sessions was submitted. As per the 09-16-2015 utilization review, the request for additional acupuncture, cervical and lumbar spine, 1 time weekly for 6 weeks, 6 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, cervical and lumbar spine, 1 time weekly for 6 weeks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of neck, shoulder, and low back pain. Records indicate that the patient received acupuncture care in the past. It was noted that acupuncture helped reduced pain and spasms so that the patient could perform more daily activities. There was no objective, quantifiable documentation regarding functional improvement. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary. The guidelines states that acupuncture may be extended with documentation of functional improvement.