

Case Number:	CM15-0196445		
Date Assigned:	10/12/2015	Date of Injury:	04/03/2007
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 44 year old male patient, who sustained an industrial injury on 4-3-07. The diagnoses include cervical sprain; lumbar sprain and cervical disc protrusion. Per the note dated 8/26/15 and 4/1/15, the patient has complaints of pain in the neck area on the right side with pain radiating down right shoulder all the way down to right elbow and right wrist as well; numbness in the right hand as well as right shoulder; discoloration and inflammation in right hand; mid and lower back radiating down to right leg with numbness in the right leg. The patient reported improvement with medication. The physical examination revealed exquisite tenderness on right side of the cervical paravertebral and range of motion flexion and extension somewhat restricted and painful at the extreme range; tenderness noted at the subacromial space and acromioclavicular joint. The medications list includes Norco. Treatment to date has included right shoulder surgery; Norco; acupuncture with benefits from previous acupuncture; transcutaneous electrical nerve stimulation unit and home exercise program. The original utilization review (9- 8-15) denied the request for acupuncture once a week for the cervical and lumbar spine and right shoulder, quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for the cervical/lumbar spine and right shoulder, quantity 6:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The patient has had an unspecified number of acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. The response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Acupuncture once a week for the cervical/lumbar spine and right shoulder, quantity 6 is not fully established in this patient at this time.