

Case Number:	CM15-0197851		
Date Assigned:	10/13/2015	Date of Injury:	07/10/2012
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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:

This 45 year old woman sustained an industrial injury on 7-10-2012. Diagnoses include cervical and lumbar disc injury with a likely facet injury with cervicogenic migraine headaches. Treatment has included oral and topical medications. Physician notes dated 9-21-2015 show complaints of bilateral shoulder pain rated 6 out of 10, left upper arm pain rated 8 out of 10 with tingling and burning, cervical spine pain with radiculopathy to the bilateral upper extremities rated 6 out of 10, and back pain rated 4 out of 10 with radiation to the bilateral lower extremities. The physical examination shows no apparent distress, normal strength, sensation, and reflex examinations. There is pain noted to the C3-C6 facets capsules with palpation including secondary myofascial pain with triggering and ropey fibrotic banding and pain with rotational extension indicative of facet capsular tears bilaterally with marked increase in myofascial pain that is severe and limiting. Recommendations include cervical medial branch blocks, lumbar and cervical spine MRIs, repeat electromyogram and nerve conduction studies, consider physical therapy, chiropractic care and massage therapy, acupuncture sessions, trigger point injections, Butrans patch, Cymbalta, Motrin, Norco, and follow up in one month. Utilization Review denied requests for completion of acupuncture sessions with six additional sessions, and six trigger point injections on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture for ten (10) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of bilateral shoulder pain rated 6 out of 10, left upper arm pain rated 8 out of 10 with tingling and burning, cervical spine pain with radiculopathy to the bilateral upper extremities rated 6 out of 10, and back pain rated 4 out of 10 with radiation to the bilateral lower extremities. The physical examination shows no apparent distress, normal strength, sensation, and reflex examinations. Based on the medical records, there was no evidence of prior acupuncture session. The Acupuncture Treatment guideline recommends 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. An initial acupuncture trial appears to be medically necessary. However, the provider's request for 10 acupuncture sessions exceeds the guidelines recommendation and therefore, the request is not medically necessary. Six acupuncture sessions would be reasonable to produce functional improvement.