

Case Number:	CM15-0199612		
Date Assigned:	10/14/2015	Date of Injury:	01/20/2014
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/11/2015

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: 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 41 year old female, who sustained an industrial injury on 1-20-2014. Diagnoses include cervical spine disc bulge and right shoulder internal derangement, lumbago, status post lumbar fusion. Treatments to date include activity modifications, NSAIDS, narcotics, sixteen physical therapy sessions, and shockwave therapy, and an unknown number of acupuncture treatments. On 8-7-15, she complained of pain in the neck and shoulder rated 8 out of 10 VAS with medications, 10 out of 10 without. The physical examination documented cervical tenderness, facet tenderness and an unchanged upper extremity exam. The plan of care included a cervical epidural injection, and medication therapy. On 8-25-15, she complained of ongoing pain in the neck and right shoulder-arm. The record documented acupuncture and medications help decreased pain, H-wave and shockwave therapy did not help. The physical examination documented decreased sensation in the left lower extremity. There were no physical findings documented regarding the neck or shoulder. The appeal requested authorization for twelve (12) acupuncture treatment sessions, twice a week for six weeks, for the cervical spine and right shoulder. The Utilization Review dated 9-25-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks for the cervical spine and right shoulder:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x12), the request for additional acupuncture is not medically necessary.