

Case Number:	CM15-0205886		
Date Assigned:	10/22/2015	Date of Injury:	10/27/2014
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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, Montana
 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 38-year-old male, with a reported date of injury of 10-27-2014. The diagnoses include cervical pain, cervical spine sprain and strain, cervical radiculitis, cervical disc disease, left shoulder pain, left shoulder sprain and strain, left shoulder tendinitis of the subscapularis, left shoulder SLAP (superior labrum anterior and posterior) tear, and low back pain. The progress report dated 09-14-2015 indicates that the injured worker continued to have neck, shoulder, and upper extremity pain, bilaterally. The pain radiated down to the bilateral upper extremity with tingling sensations in the arms and third, fourth, and fifth finger numbness. It was noted that the cervical epidural steroid injection "did not help much". The injured worker stated that the neck and low back pain was getting worse, and the medications helped with pain at about 30-40%. It was also noted that the injured worker stated having flare-ups about one week prior. The objective findings include abnormal reflexes; normal gait; decreased cervical, shoulder, and lumbar spine range of motion; and tenderness to palpation of the cervical and lumbar paraspinal muscles. The injured worker has been instructed to return to modified work. The medical records included three acupuncture progress reports from 09-11-2015 to 09-23-2015. The report dated 09-23-2015 indicates that the injured worker felt pain, stiffness, and tightness. It was noted that there was measured objective improvement in increased range of motion and increased muscle strength. The diagnostic studies to date have included a diagnostic image of the cervical spine on 01-05-2015 which showed central protrusion with mild to moderate central canal stenosis and mild bilateral foraminal stenosis at C5-6 and mild narrowing of the central canal; an MRI of the left shoulder on 01-31-2015 which showed moderate mid and

distal subscapularis tendinopathy, suspected focal anterior labral tear at 9:00 and no rotator cuff tear; an MRI of the right shoulder on 01-31-2015 which showed partial articular surface and interstitial tear of the subscapularis tendon, mild supraspinous tendinosis with low-grade bursal surface fraying, mildly type 2 acromion with mild lateral downward inclination, small amount of reactive fluid in the subacromial and subdeltoid bursa, and degenerative fraying of the superior posterior labrum; and electrodiagnostic studies of the lower extremities on 03-02-2015 which showed bilateral lumbar radiculopathy. Treatments and evaluation to date have included a home exercise program, TENS unit, cervical traction trial, Gabapentin, C7-T1 interlaminar epidural steroid injection on 07-15-2015, Ibuprofen, and acupuncture. The request for authorization was dated 09-14-2015. The treating physicians requested six (6) acupuncture sessions for the cervical and lumbar spine due to increased neuropathic pain. On 10-13-2015, Utilization Review (UR) modified the request for six (6) acupuncture sessions to three (3) acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were modified to 3 by the utilization review. The medical records included three acupuncture progress reports from 09-11-2015 to 09-23-2015. The report dated 09-23-2015 indicates that the injured worker felt pain, stiffness, and tightness. It was noted that there was measured objective improvement in increased range of motion and increased muscle strength. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Requested visits are within the cited guidelines. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary.