

Case Number:	CM15-0209046		
Date Assigned:	10/28/2015	Date of Injury:	05/09/2014
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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 49 year old male with an industrial injury dated 05-09-2014. A review of the medical records indicates that the injured worker is undergoing treatment for probable closed head injury, cervical strain, left sided cervical radiculopathy, lumbar strain, left sided lumbar radiculopathy, lumbar disc bulging at L2-S1 with large protrusion at L4-5, contusion and straining injury of the left shoulder girdle, degenerative joint disease cervical spine with protrusion C3-7, and Magnetic Resonance Imaging (MRI) evidence of the left shoulder rotator cuff tendonitis, bursitis, and partial thickness rotator cuff tear. In a progress report dated 07-08-2015, the injured worker reported flare-ups of the lower back pain with increased activity but otherwise improvements with continued acupuncture. According to the progress note dated 09-22-2015, documentation noted that the injured worker has continued with the acupuncture with continued improvement. Objective findings (03-04-2015, 06-23-2015, 07-08-2015, 07-29-2015, 08-19-2015, 09-22-2015) revealed non-antalgic gait, tenderness to palpitation in the left upper, mid and lower cervical paravertebral and trapezius muscles, and increased pain with cervical extension. Thoracic spine exam revealed tenderness to palpitation and mild limitation of motion. Shoulder girth exam revealed periscapular and trapezius tenderness with no winging. Lumbar spine exam revealed tenderness to palpitation left upper, mid and lower paravertebral muscles. Decreased sensation of the left lower extremity was also noted on exams. Treatment has included MRI of left shoulder, MRI of cervical spine, prescribed medications, unknown number of sessions of acupuncture therapy and periodic follow up visits. The utilization review dated 10-08-2015, non-certified the request to continue acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture: Upheld

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 acupuncture sessions, which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, the request for additional acupuncture treatments is not medically necessary.