

Case Number:	CM15-0021618		
Date Assigned:	02/11/2015	Date of Injury:	05/12/2004
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 46 year old female who sustained an industrial injury on May 12, 2004. She has reported back pain with radiation to the right leg and has been diagnosed with left shoulder impingement with SLAP tear, right shoulder pain and right wrist/hand pain, cervicothoracic strain, and lumbar strain. Treatment has included surgery, medications and a home exercise program. Currently the injured worker complains of tenderness and mild spasm of the paralumbar region and moderate spasm over the paracervical muscles and upper parathoracic region. The treatment plan included MRI of the lumbar spine and pain medications. On January 13, 2015 Utilization Review non certified Acupuncture 2 x week x 6 weeks bilateral shoulders, cervical, and lumbar citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks Bilateral Shoulders cervical lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial 3-6 session. It states that acupuncture may be extended with documentation of functional improvement. There was no documentation that the patient has tried acupuncture in the past. A trial of acupuncture may be warranted. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation; therefore, the request is not consistent with the guidelines. The provider's request is not medically necessary at this time.