

Case Number:	CM15-0023226		
Date Assigned:	02/12/2015	Date of Injury:	05/16/2003
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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 male, who sustained an industrial injury on 5/16/2003. The diagnoses have included low back pain, status post discectomy at L3-4, L4-5, and L5-S1 in 2004, bilateral shoulder pain, status post left shoulder arthroscopic surgery in 2003, neck pain, and right elbow pain. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of ongoing low back and neck pain, along with radicular symptoms into his right upper extremity. The PR2 report (12/30/2014) referenced magnetic resonance imaging of the lumbar region from 6/24/2013 as showing transitional S1 segment, right laminectomy at S1-S2, resection of the extruded disc at L3-4, and residual disc/scar. Magnetic resonance imaging of the right shoulder, 9/06/2013, showed partial-thickness tear (supraspinatus, infraspinatus), osteophytic spurring of the acromioclavicular joint, and glenohumeral osteoarthritis. Cervical magnetic resonance imaging from 6/24/2013 showed severe foraminal stenosis in multiple levels and mild spinal stenosis at C5-6 and C6-7. Tenderness to palpation of the paraspinal muscles of the cervical spine was noted. He also had decreased sensation in the fingers of the right hand. Prior acupuncture sessions were referenced, but the documentation did not include specific dates or results. On 1/13/2015, Utilization Review non-certified a request for acupuncture for the neck and right upper extremity (8 sessions), noting the lack of compliance with MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture neck and right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 8 additional acupuncture treatments are not medically necessary.