

Case Number:	CM15-0024718		
Date Assigned:	02/17/2015	Date of Injury:	08/08/2013
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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 61 year old male with an industrial injury dated 08/08/2013 sustained in an accident on a 4-wheeler which resulted in injury to the neck, right shoulder and right arm. The injured worker's diagnoses include right shoulder bursitis and impingement, partial rotator cuff tear, right elbow mild osteoarthritis with lateral epicondyle avulsion, and right carpal tunnel syndrome. Recent diagnostic testing has included a MRI of the cervical spine (07/13/2014) showing multilevel disc desiccation, reduced intervertebral disc height, end plate degenerative changes, diffuse disc protrusion resulting in narrowing of the neural foramen, central disc extrusion with annular tear, and paradiscal osteophytes bilaterally, electrodiagnostic studies (01/19/2015) revealing evidence of bilateral carpal tunnel syndrome which was noted to be mild on the right and minimal on the left, MRI of the right shoulder (08/02/2014) showing a partial tear of the supraspinatus, arthropathy, bursitis, and small subchondral cyst, and x-rays of the right wrist and elbow (10/23/2014) showing no acute abnormalities. Previous treatments have included conservative care, physical and chiropractic therapy, and medications. In a progress note dated 12/19/2014, the treating physician reports stabbing right shoulder pain rated 7/10, right upper extremity weakness, intermittent numbness and burning pain to the right elbow radiating down the arm to the fingers and rated as 6/10 in severity, and mild stabbing wrist pain radiating into the hand and fingers and rated 5-6/10. The objective examination revealed normal inspection of the right shoulder, restricted range of motion to the right shoulder with pain, tenderness to palpation over the trapezius, acromioclavicular joint, and biceps, painful range of motion in the right elbow, and tenderness to palpation over the dorsal and volar aspect with

painful range of motion. The treating physician is requesting 12 sessions of acupuncture for the cervical spine which were denied by the utilization review. On 02/03/2015, Utilization Review non-certified a request for 12 sessions of acupuncture for the cervical spine, noting the lack of documented reduction in pain medication use or was intolerant to pain medications. The MTUS ACOEM ODG Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of 12 sessions of acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine x 12 sessions: 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 a trial of 3-6 acupuncture sessions with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Based on the submitted documents, there is no evidence that the patient has had acupuncture in the past. Therefore the patient is a candidate for an initial trial of acupuncture which the guideline recommends 3-6 visits. The provider's request for 12 acupuncture session to the cervical spine exceeds the guidelines recommendation for an initial acupuncture trial and therefore is not consistent with guidelines. The provider's request is not medically necessary at this time.