

Case Number:	CM15-0028027		
Date Assigned:	02/20/2015	Date of Injury:	08/26/2011
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 (IW) is a 35 year old male who sustained an industrial injury on 08/26/2011. He has reported pain in the low back and shoulders. Diagnoses include cervical sprain /strain in the neck; strain shoulder unspecified site; cervical radiculitis; and low back pain. Treatment to date include and pain medication of Norco 14-5 per day, Lidopro cream at bedtime, and a TENS unit 3-4 times a day which helps reduce the pain. A progress note from the treating provider dated 01/28/2015 gives no objective evaluation of the IW's lower back or shoulders. It does describe that the IW has no new symptoms. Going back in the records of 11/02/2014, the objective physical findings note there is mild posterior tenderness in the neck, global limited range of motion, bilateral tenderness in the shoulders, right greater than left, with decreased range of motion in both shoulders, right greater than left. The treatment plan is to review a second medical opinion regarding addition of left shoulder as covered body part, renew medications and advise to take no more than 4 Norco daily, MRI of cervical spine, continue home exercise program, dispense TENS patches, and request acupuncture x12 sessions. On 02/03/2015 Utilization Review non-certified a request for Acupuncture 1 time a week for 12 weeks, cervical spine, bilateral shoulders. The ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 12 weeks, cervical spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.