

Case Number:	CM15-0028428		
Date Assigned:	02/20/2015	Date of Injury:	04/24/2007
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
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 is a 67 year old female, who sustained an industrial injury on 4/27/07. She has reported low back and bilateral shoulder injury. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain with moderate to severe spondylosis; status post left shoulder arthroscopy and right shoulder strain/impingement/tendinitis/bursitis with fibrous adhesions, lumbar musculoligamentous sprain/strain with mild spondylosis, bilateral hip trochanteric bursitis and status post bilateral knee contusion. Treatment to date has included surgery to shoulder, acupuncture, lumbar epidural injections, and oral medications. Currently, the injured worker complains of flare up of low back pain with radiation to hips and continued bilateral shoulder pain, right slightly worse than left. Physical exam dated 1/7/15 revealed tenderness to palpation with spasm over the paraspinal musculature bilaterally with decreased range of motion and tenderness to palpation over the subacromial regions, acromioclavicular joints and periscapular muscles with decreased range of motion. On 1/27/15 Utilization Review non-certified acupuncture 2 times a week for 4 weeks of bilateral shoulders, noting it exceeds the guidelines and is modified to 3 treatments; acupuncture 2 times a week for 4 weeks of cervical spine, noting lack of documentation indicating cervical spine pain and acupuncture 2 times a week for 4 weeks for lumbar spine, noting it exceeds the guidelines recommendation of time to produce functional improvement and is modified to 3 sessions. The MTUS, ACOEM Guidelines, was cited. On 1/30/15, the injured worker submitted an application for IMR for review of acupuncture 2 times a week for 4 weeks of bilateral shoulders, acupuncture 2 times a week for 4 weeks of cervical spine and acupuncture 2 times a week for 4 weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 bilateral shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Shoulder: Initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks.

Decision rationale: The acupuncture guidelines do not cover shoulder injuries (9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints). The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The patient underwent an unknown number of acupuncture sessions in the past without any significant functional improvement documented. Consequently, the additional acupuncture (x8) requested is not supported for medical necessity.

Acupuncture 2x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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." The patient had an unknown number of prior acupuncture sessions with no evidence of any sustained, 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 x8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x8 is not supported for medical necessity.

Acupuncture 2x4 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the provider's report in which acupuncture 2x4 is requested for the cervical spine, no neck symptoms, or functional deficits were documented for the acupuncture to address. Without documenting any complains, motor-sensory-functional deficits for an area, it is unclear the need for any care for that particular area. Therefore the acupuncture care for the cervical spine is not supported for medical necessity.