

Case Number:	CM15-0029457		
Date Assigned:	02/23/2015	Date of Injury:	06/28/2000
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Ohio

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 49-year-old female, who sustained an industrial injury on 6/28/00. The injured worker has complaints of low back pain with radiation down the left leg to the foot. Normal electrodiagnostic study of both upper limbs. The diagnoses have included cervical spine sprain/strain with radicular complaints; bilateral shoulders rotator cuff tendinitis/bursitis; left wrist tenosynovitis and status post lumbar spine surgeries X 4 (L4-S1 anterior and posterior fusion). According to the utilization review performed on 2/6/15, the requested acupuncture treatment 2 times a week for 4 weeks. Dx: C/S Strain; acupuncture treatment 2 times a week for 4 weeks, S/P Lumbar Spine Surgeries; acupuncture Treatment 2 Times a Week for 4 Weeks, Right Shoulder Acupuncture Treatment 2 Times a Week for 4 Weeks, Left Shoulder and has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 4 weeks. Dx: C/S Strain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that an initial trial of acupuncture of 3 to 6 treatments 1 to 3 times per week to produce functional improvement is adequate. The request for acupuncture two times a week for four weeks to the cervical spine exceeds the recommended guidelines. There is no documentation provided to support exceeding guideline recommendations. Due to the request exceeding the acupuncture medical treatment guidelines, the request for acupuncture two times a week for four weeks of the cervical spine not medically necessary.

Acupuncture treatment 2 times a week for 4 weeks, S/P Lumbar Spine Surgeries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended the functional improvement is documented. The UR decision dated 2/6/15 notes that the injured worker has previously received eight visits of acupuncture to the low back. The results of these treatments are not documented. Due to the lack of objective functional improvement, and the acupuncture medical treatment guidelines, the request for acupuncture treatment two times a week for four weeks to the lumbar spine is not medically necessary.

Acupuncture Treatment 2 Times a Week for 4 Weeks, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that an initial trial of acupuncture of 3 to 6 treatments 1 to 3 times per week to produce functional improvement is adequate. The request for acupuncture two times a week for four weeks to the right shoulder exceeds the recommended guidelines. There is no documentation provided to support exceeding guideline recommendations. Due to the request exceeding the acupuncture medical treatment guidelines, the request for acupuncture two times a week for four weeks of the right shoulder not medically necessary.

Acupuncture Treatment 2 Times a Week for 4 Weeks, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines state that an initial trial of acupuncture of 3 to 6 treatments 1 to 3 times per week to produce functional improvement is adequate. The request for acupuncture two times a week for four weeks to the left shoulder exceeds the recommended guidelines. There is no documentation provided to support exceeding guideline recommendations. Due to the request exceeding the acupuncture medical treatment guidelines, the request for acupuncture two times a week for four weeks of the left shoulder not medically necessary.