

Case Number:	CM15-0220019		
Date Assigned:	11/13/2015	Date of Injury:	11/08/2012
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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, who sustained an industrial injury on 11-8-12. The documentation on 10-1-15 noted that the injured worker has complaints of intermittent moderate low back pain, which travels to the calves of both legs and continued intermittent moderate right shoulder, and intermittent moderate right root pain. Examination of the right shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis and restricted range of motion due to complaints of discomfort and pain. Examination of the lumbosacral spine reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 (sacroiliac) facets and right greater sciatic notch and there are muscle spasms. There is positive straight leg raise on the right, 20 degrees. Examination of the right foot reveals tenderness at the plantar fascia insertion and there is right foot subtalar joint pain over deltoid ligament. Lumbar spine magnetic resonance imaging (MRI) on 8-12-15 revealed right posterior central disc protrusion or extrusion at L4-5 with severe narrowing of the right lateral recess and moderate central canal narrowing and mild degenerative changes L5-S1 (sacroiliac) and L3-4, with mild narrowing left L3-4 foramen. The diagnoses have included right shoulder rotator cuff tendinitis, bursitis and lumbar spine sprain and strain. Treatment to date has included medications and acupuncture. The documentation on 9-3-15 noted the injured worker completed 5 out of 8 acupuncture sessions. The original utilization review (10-20-15) non-certified the request for acupuncture, 2 times weekly for 4 weeks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination of 10/20/15 denied the treatment request for eight acupuncture visits, two times per week for four weeks to the patient's right shoulder and lower back citing CA MTUS acupuncture treatment guidelines. The utilization review addressed a prior course of acupuncture, eight visits, reportedly to the same regions that prior application was applied. The review of records failed to identify any evidence of functional improvement including medication and activity modification. The CA MT US acupuncture treatment guidelines do require as a prerequisite for consideration of additional treatment evidence of functional improvement, which was not provided in the examination document of 10/1/15. The medical necessity for additional chiropractic care, eight visits to the patient's right shoulder and lower back was not supported by reviewed documents or compliance with CA MTUS acupuncture treatment guidelines.