

Case Number:	CM15-0224408		
Date Assigned:	11/20/2015	Date of Injury:	04/10/2013
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/16/2015

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 54 year old female, who sustained an industrial injury on 4-10-2013. She reported pain in the neck, low back, left hip and left shoulder. The injured worker was diagnosed as having left rotator cuff tendinitis, cervical and lumbar strain with myofascial pain. Treatment to date has included medications, injections, physical therapy. On the progress note dated 5-12-2015, the IW is having pain in the left shoulder. She was interested in pursuing the injection. It was noted that acupuncture was not effective. On exam, "tenderness is noted along the left shoulder and periscapular region as well as the left bicipital and subacromial areas. Multiple trigger points along the periscapular region are noted, particularly along the upper trapezius, levator scapular, rhomboid and lower cervical paraspinal areas. Her shoulder range of motion is limited at 160 degrees for forward flexion and abduction on the left side". Per the progress note dated 11-5-2015, the IW continues to complain of neck and upper shoulder pain as well as bilateral upper extremity pain symptoms. She indicates that the Toradol injection was helpful for about a month but she began noticing a significant increase in pain about 2 weeks ago. She is having a lot of pain in the neck, upper shoulder and periscapular region that radiates down to the lower thoracic area and radiates in the upper extremities. On exam, she has tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular and periscapular regions. The treatment plan is for acupuncture treatments x 10 visit, Norco and she will consider a Toradol injection. The UR decision, dated 11-12-2015, denied 10 sessions of ten sessions of acupuncture to the neck and left shoulder. The request for authorization, dated 11-16-15 is for ten sessions of acupuncture to the neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of acupuncture to neck and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with documented no improvement. It is unclear why acupuncture is being requested again. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.