

Case Number:	CM15-0030249		
Date Assigned:	02/23/2015	Date of Injury:	05/05/2010
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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 67 year old female, who sustained an industrial injury on May 5, 2010. The injured worker has reported back and right shoulder pain related to a fall. The diagnoses have included lumbar disc displacement, lumbosacral neuritis, rotator cuff syndrome and sciatica. Treatment to date has included medication, physical therapy, acupuncture treatments and a home exercise program. Current documentation dated January 30, 2015 notes that the injured worker complained of improved dull lumbar spine pain and sharp right shoulder pain. Physical examination of the right shoulder evaluated acromioclavicular joint tenderness, a decreased range of motion, positive impingement sign and weakness on manual resistive muscle strength testing. Examination of the lumbar spine revealed bilateral paraspinal tenderness, a decreased range of motion and a negative straight leg raise test. The treating physician notes that the injured worker had relief with acupuncture in the past and is requesting acupuncture treatments. On February 11, 2015 Utilization Review non-certified a request for acupuncture two times a week for three weeks as an outpatient. The MTUS, Acupuncture Medicine Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture two (2) times a week times three (3) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.