

Case Number:	CM15-0034440		
Date Assigned:	03/02/2015	Date of Injury:	06/28/2000
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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 6/28/2000. The current diagnoses are cervical spine sprain/strain with radicular complaints, rotator cuff tendinitis/bursitis of the bilateral shoulders, and status post lumbar spine surgeries times 4. Currently, the injured worker complains of intermittent, moderate low back pain with radiation down the left leg to the foot. Current medications are Tramadol and Cyclobenzaprine. The physical examination of the lumbosacral spine reveals increased tone and tenderness over the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch, muscle spasms, and decreased sensation throughout the right lower extremity. Exam dated 1/7/15 notes that the cervical spine exhibits tenderness to palpation over the paracervical and trapezial musculature, positive cervical distraction test, muscle spasms, restricted and painful range of motion, and decreased sensation in the C5, C6, and C8 dermatomes on the right. Examination of bilateral shoulders reveals tenderness to palpation over the anterolateral shoulder and supraspinatus, mild tenderness extending to the pectoralis, restricted and painful range of motion, and rotator cuff weakness. The treating physician is requesting 8 acupuncture sessions to the cervical spine, lumbar spine, and bilateral shoulders, which is now under review. On 2/13/2015, Utilization Review had non-certified a request for 8 acupuncture sessions to the cervical spine, lumbar spine, and bilateral shoulders. The California MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 4 weeks, Dx: Cervical spine 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 recommend an initial trial of 3 to 6 treatments 1 to 3 times a week to produce functional improvement. There are no extenuating circumstances in the file presented to support treatment beyond these recommendations. Based on the MTUS acupuncture medical treatment guidelines and the request exceeding the initial trial recommendation of 3 to 6 visits, the request for acupuncture two times a week for four weeks to the cervical spine is not medically necessary.

Acupuncture 2 times per week for 4 weeks, status post-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 to functional improvement is documented. Based on the file presented injured worker has previously received eight acupuncture sessions for the low back. The results of these treatments are not documented. There is also no evidence of a reduction in medications or that they are not tolerated. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement the request for acupuncture two times a week for four weeks to the low back is not medically necessary.

Acupuncture 2 times per 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 recommend an initial trial of 3 to 6 treatments 1 to 3 times a week to produce functional improvement. There are no extenuating circumstances in the file presented to support treatment beyond these recommendations. There is also no evidence of a reduction in medications or that they are not tolerated. Based on the MTUS acupuncture medical treatment guidelines and the request exceeding the initial trial recommendation of 3 to 6 visits, the request for acupuncture two times a week for four weeks of the right shoulder is not medically necessary.

Acupuncture 2 times per 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 recommend an initial trial of 3 to 6 treatments 1 to 3 times a week to produce functional improvement. There are no extenuating circumstances in the file presented to support treatment beyond these recommendations. There is also no evidence of a reduction in medications or that they are not tolerated. Based on the MTUS acupuncture medical treatment guidelines and the request exceeding the initial trial recommendation of 3 to 6 visits, the request for acupuncture two times a week for four weeks to the left shoulder is not medically necessary.