

Case Number:	CM15-0039468		
Date Assigned:	03/09/2015	Date of Injury:	08/03/2012
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 51 year old male, who sustained an industrial injury on 8/3/12. The diagnoses have included cervical sprain, bilateral shoulder impingement and lumbar radiculopathy. Treatment to date has included medications, diagnostics, acupuncture and Epidural Steroid Injection (ESI) to cervical spine with temporary relief. Currently, as per the physician progress note dated 1/6/15, the injured worker complains of continued neck, back and bilateral shoulder pain. There has been no significant improvement since the last visit. He is not in any therapy at the present time but states that he has benefited from acupuncture in the past, especially the spasms. He also takes medications for pain that allow him to function. Physical exam of the cervical spine revealed spasm present, tenderness, reduced sensation in the bilateral median nerve dermatomal distribution, and restricted range of motion. The shoulder exam revealed restricted range of motion bilaterally and positive impingement test bilaterally. The lumbar exam revealed spasm, tenderness, restricted range of motion, and positive straight leg raise bilaterally. The current medications noted included Cyclobenzaprine and Tramadol. The physician noted that he was awaiting Magnetic Resonance Imaging (MRI) and (EMG) electromyography to be authorized and that he wanted the injured worker to continue with taking his medications as before. There was no previous acupuncture sessions noted. The physician requested treatment includes Acupuncture 3 times a week for 4 weeks for the neck, back and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks for the neck, back and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 3X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 3X4 acupuncture treatments are not medically necessary.