

Case Number:	CM15-0046111		
Date Assigned:	03/18/2015	Date of Injury:	10/31/2007
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 58 year old male who sustained an industrial injury on 10/31/2007. Current diagnoses include cervical disc disease, cervical stenosis/grade I retrolisthesis, cervical radicular symptoms, bilateral shoulders arthropathy-flaring of chronic symptoms, post-operative right and left shoulder arthroscopies, bilateral cubital tunnel syndrome, left shoulder arthropathy-left ulnar neuropathy, bilateral knee arthropathy, post operative right knee arthroscopy, right ankle arthropathy, post operative spinal cord stimulator (09/02/2011), lumbar disc disease, chronic left L5 radiculopathy, thoracic compression fracture, and intractable pain. Previous treatments included medication management, acupuncture, bilateral shoulder arthroscopy, right knee arthroscopy, spinal cord stimulator, and psychological counseling. Report dated 03/02/2015 noted that the injured worker presented with complaints that included worsening neck pain radiating to the shoulders and arms. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included cervical spine epidural injection in one week, request additional 6 visits of acupuncture for neck pain relief, and re-consideration of denial for neurosurgical consult. The claimant has acupuncture weekly and he is paying privately with great benefit for neck pain. Per a progress note dated 2/2/15, the claimant has had 8/8 acupuncture visits. The neck feels tight and needs to be elongated and he is sleeping with a collar. Per an acupuncture progress note dated 1/28/15, the claimant felt worse after treatment. Per an acupuncture note dated 1/12/15, the claimant has shooting pain into the head and twitching in eyes. The claimant had six acupuncture visits around September 2014 as well. Per a Pr-2 dated 9/17/2014, the claimant has had recent conservative treatments including therapeutic

injections, acupuncture and medications that have provided him limited relief. Per a PR-2 dated 5/21/2014, the claimant has received a few acupuncture treatments since the last visit with benefit in easing abstinence syndrome and for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, 6 sessions: 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 extensive prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In addition, despite recent treatments the claimant seems to be worsening. Therefore, further acupuncture is not medically necessary.