

Case Number:	CM15-0048363		
Date Assigned:	03/20/2015	Date of Injury:	08/01/2014
Decision Date:	05/06/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/13/2015

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 21 year old female who sustained an industrial injury on 08/01/2014. Current diagnoses include strain/sprain shoulder, rotator cuff tear, muscle spasms, myalgia /myositis, radiculopathy, sciatica, and paresthesia. Previous treatments included medication management, back brace, physical therapy, and acupuncture. Diagnostic studies included x-rays. Initial complaints included pain in the left shoulder, neck, upper back and lower back. Report dated 01/30/2015 noted that the injured worker presented with complaints that included painful left shoulder and neck, and upper back and lower back are worse. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included examination, hot pack x15 min, range of motion exams, Pinch test, emergent medically necessary medication dispensed per the injured worker's immediate need and convenience, Lidopro topical ointment, follow up scheduled on 02/05/2015, and request for authorization for an MRI of the lumbar spine and left shoulder and additional acupuncture 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the lumbar, cervical and thoracic spine, twice weekly for three weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the acupuncture provider, it was noted that the patient had increase range of motion in the left shoulder from acupuncture therapy. However, there was no objective documentation of functional improvement from the lumbar, cervical or thoracic spine. Additional acupuncture is only recommended with documentation of functional improvement from prior acupuncture session. The provider's request for 6 acupuncture session to the lumbar, cervical, and thoracic spine is not medically necessary at this time due to the lack of objective documentation of functional improvement.