

Case Number:	CM15-0054348		
Date Assigned:	03/27/2015	Date of Injury:	11/02/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: 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 63 year old male, who sustained an industrial injury on November 2, 2014. He reported low back pain and right shoulder pain with associated numbness and tingling. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain and right shoulder impingement syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and activity modifications. Currently, the injured worker complains of low back pain and right shoulder pain with associated numbness and tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 4, 2015, revealed continued pain. Acupuncture of the lumbar spine and right shoulder was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once (1) a week for six (6) weeks for the Lumbar and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (unreported benefits), additional acupuncture x 6 was requested. Due to the lack of reported significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture, additional acupuncture is not supported as medically and necessary by the guidelines-MTUS.