

Case Number:	CM15-0055202		
Date Assigned:	03/30/2015	Date of Injury:	12/27/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
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: 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 62 year old male who sustained an industrial injury on August 23, 2013. He has reported injury to the lumbar spine and right shoulder and has been diagnosed with lumbar herniated nucleus pulposus with right lower extremity radiculopathy, right shoulder impingement syndrome, and bilateral lateral epicondylitis. Treatment has included physical therapy, medication, and multi stim unit. Currently the injured worker had pain in both lateral epicondyle region with tenderness to palpation. There was also low back pain with radicular symptoms. The treatment request included acupuncture to the low back and right shoulder. Per a PR-2 dated 12/10/2014, the claimant presents with right buttock radiating to the posterior and lateral aspect of the right thigh with numbness and tingling progressively increasing in severity. The pain is worse than the last exam and examination findings find Gaenslen's test and Patrick's positive. Per a report dated 11/13/14, the claimant has been going to physical therapy and acupuncture with limited improvement. The claimant also states having to take more pain medication. The provider is requesting cervical steroid and sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional sessions of Acupuncture (2x6) for the Low Back and Right Shoulder: 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 prior acupuncture with limited improvement. Furthermore, the claimant appears to be getting worse and the provider is requesting steroid injections for the first time. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.