

Case Number:	CM15-0059256		
Date Assigned:	04/03/2015	Date of Injury:	08/02/2012
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 female, who sustained a work/ industrial injury on 8/2/12. She has reported initial symptoms of neck, shoulder, and back pain. The injured worker was diagnosed as having cervical strain/sprain and degenerative disc disease and radiculopathy into the right upper extremity, right shoulder impingement with bursitis/tendinitis, acromioclavicular joint hypertrophy, lumbar degenerative disc disease, and lumbar sprain/strain. Treatments to date included medication, diagnostics, orthotics (right wrist brace), and shoulder injections. Magnetic Resonance Imaging (MRI) was performed on 5/13/13, 4/19/13. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 3/22/13. Currently, the injured worker complains of cervical pain radiating to the right upper extremity, right shoulder, and lower back. Pain is described as throbbing, shooting, aching, tingling, burning, and numb and rated 7/10. The treating physician's report (PR-2) from 1/23/15 indicated there was pain with forward flexion and extension, side bending, with myofascial trigger points along bilateral lumbar paraspinal with twitch response and referred pain. The cervical exam reported pain with forward flexion and extension, side bending, positive Spurling's test, myospasms with myofascial trigger points along bilateral cervical paraspinal, rhomboids, levator scapulae, and trapezius with twitch response and referred pain. Right hand had pain along DeQuervain's, positive Finkelstein's test of right hand. Right shoulder had pain with palpation, impingement at 80 degrees, and pain with abduction to 75 degrees. Treatment plan included acupuncture for the cervical Spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS 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), there is a lack of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, additional acupuncture is not medically necessary.