

Case Number:	CM15-0081546		
Date Assigned:	05/04/2015	Date of Injury:	09/29/2012
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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 49 year old male, who sustained an industrial injury on September 29, 2012. He reported neck, left shoulder, and lower back injuries. The injured worker was diagnosed as having cervical and lumbar disc protrusion, lumbar radiculopathy, left shoulder bursitis, and infraspinatus, subscapularis, and supraspinatus tendinosis. He was status post a left shoulder rotator cuff repair. Diagnostic studies to date have included CT scan, x-rays, MRI, and EMG/NCV (electromyography/nerve conduction velocity) studies. Treatment to date has included acupuncture, physical therapy, chiropractic therapy, aquatic therapy, extracorporeal shock wave therapy, a lumbosacral spine brace, spinal decompression, work conditioning, and medications including pain and non-steroidal anti-inflammatory. On December 16, 2014, the injured worker complains of constant cervical spine pain, which is rated 8/10. The pain is increased by watching TV and fixed positions with bilateral hand numbness. He complains of constant low back pain radiating down to the buttocks with numbness and tingling of the feet. The pain is rated 8/10. He complains of intermittent left shoulder, which is rated 9/10. He has pain with lifting the shoulder. Cold weather increases his neck, back, and left shoulder symptoms. The physical exam revealed absent bilateral upper extremities reflexes, decreased and painful cervical and lumbar range of motion, cervical and lumbar paravertebral muscles tenderness and muscle spasms, and straight leg raise caused tingling. The left shoulder exam revealed three surgical scars, decreased and painful range of motion, and anterior shoulder tenderness and muscle spasm. The requested treatment is acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.