

Case Number:	CM15-0082588		
Date Assigned:	05/05/2015	Date of Injury:	05/15/2013
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
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 57 year old female, who sustained an industrial injury on 5/15/13. Initial complaints were not reviewed. The injured worker was diagnosed as having pain in the joint/wrist; cervical degenerative disc disease; lumbar degenerative disc disease; shoulder joint pain; cervical radiculitis; lumbosacral radiculitis. Treatment to date has included physical therapy; acupuncture; TENS unit; medications. Diagnostics included MRI lumbar spine (7/26/13); MRI cervical spine (7/26/13); (EMG/NCV upper extremities (1/14/15). Currently, the PR-2 notes dated 4/9/15 indicated the injured worker complains of neck pain that radiates to the upper extremities with numbness and tingling bilaterally with the right greater than the left and trapezius spasms. She has been exercising regularly and medications maintain her functionality. Medications are reported to help the pain about 30% with no side effects. She uses a TENS unit and self-physical therapy with mild symptoms relief. On this visit, Cyclobenzaprine is being given for relaxing her muscles at night. She continues to see the psychiatrist and is taking Celexa 10mg from the psychiatrist. Acupuncture is mildly helpful. The treatment plan included medications refill for Naproxen 550mg 1 BID; Omeprazole 20mg BID; Lidopro ointment; Gabapentin 300mg BID; Cyclobenzaprine 7.5mg #60 (2-3weeks). The provider has requested acupuncture once a week for 6 weeks for the cervical spine, lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 6 weeks for the cervical spine, lumbar spine 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: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of neck pain and low back with radiation into the extremities. The provider reported that acupuncture was helpful mildly. There was no documentation of functional improvement from prior acupuncture session. The acupuncture provider reported that the patient has improved range of motion and muscle strength. However, there was no objective documentation of improvement in muscle strength or range of motion with the prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.