

Case Number:	CM15-0083420		
Date Assigned:	05/05/2015	Date of Injury:	10/08/2014
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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 58 year old female, who sustained an industrial injury on 10/08/2014. She has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervical spine sprain/strain with underlying degenerative disc disease; left and right shoulder sprain/strain with underlying acromioclavicular joint osteoarthritis; lumbar spine sprain/strain with underlying degenerative disc disease; and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant neck pain, which is increased with movement, and limited range of motion; bilateral shoulder pain, which is increased with repetitive movement; numbness and tingling has become more frequent, radiating into the arms and hands; low back pain which continues to radiate into the right buttock and thigh area; and limited range of motion of the lumbar spine. Objective findings included tenderness to palpation over the left upper trapezius; muscle spasm over the left paracervical musculature, with limited and painful range of motion; tenderness to palpation over the anterior aspect of the left shoulder with extension; left shoulder range of motion is limited and painful; muscle spasm in the paralumbar musculature, with limited and painful range of motion; and there is 3+ pitting edema to both legs. The treatment plan has included the request for 12 acupuncture sessions for the left shoulder, one a week for 12 weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions for the left shoulder, once a week for 12 weeks, as an outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.