

Case Number:	CM15-0083470		
Date Assigned:	05/05/2015	Date of Injury:	10/08/2014
Decision Date:	06/18/2015	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 October 8, 2014. She reported experiencing pain in her neck, bilateral shoulders, right elbow, and low back, both palms and all fingers of both hands due to repetitive typing. The injured worker was diagnosed as having cervical spine sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain with underlying AC joint osteoarthritis, right shoulder sprain/strain with underlying AC joint osteoarthritis, right elbow lateral epicondylitis, left hand first carpometacarpal joint pain, right hand first carpometacarpal joint pain, and lumbar spine sprain/strain with underlying degenerative disc disease. Treatment to date has included home exercise program (HEP), physical therapy, x-rays, and medication. Currently, the injured worker complains of neck pain consistent with spasms on the left side, bilateral shoulder pain that radiates into both upper shoulders, neck, and down both arms into the fingertips of the bilateral 2nd through 5th fingers, right elbow pain radiating into the forearm, and bilateral hands pain, with low back pain that radiates into the right buttock and back of right thigh. The Doctor's First Report of Occupational Injury or Illness dated March 2, 2015, noted examination of the cervical spine showed tenderness to palpation over the left upper trapezius, with limited painful range of motion (ROM). Tenderness to palpation was noted over the anterior aspect of the left shoulder with extension, with limited and painful range of motion (ROM). Tenderness to palpation was noted over the right lateral epicondyle. Lumbar examination was noted to show limited and painful range of motion (ROM), with pain at times with activities. The treatment plan was noted

to include a request for authorization for twelve sessions of acupuncture to the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists/hands, and lumbar spine.

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 Lumbar Spine 1xwk x 12wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.