

Case Number:	CM15-0088563		
Date Assigned:	05/12/2015	Date of Injury:	04/19/1999
Decision Date:	06/18/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 78-year-old female who sustained an industrial injury on April 19, 1999. She has reported pain in the neck, bilateral shoulders, bilateral hands, upper back, mid back, and lower back and has been diagnosed with severe degenerative disc disease at C5-6 and C6-7 with significant marginal osteophytosis at these levels, anterolisthesis, C4-5 worse with cervical flexion, multilevel degenerative disc disease, lumbar spine with loss of height at L2-3, L3-4, and L5-S1, grade 1 anterolisthesis of L4 on L5 with spondylolisthesis appearing to be stable on flexion/extension views, asymmetric disc height loss L5-S1 resulting in degenerative scoliosis to the right, status post left shoulder arthroscopy, status post bilateral carpal tunnel release, 2003, and status post right knee replacement. Treatment has included surgery, acupuncture, therapy, medications, and injections. Per a PR-2 dated 3/11/15, she reports pain to the neck, bilateral shoulders, bilateral hands, upper back, mid back, and lower back and bilateral knees. She states that the pain has improved somewhat with six sessions of acupuncture. She reports moving better and is able to do more activities. In addition, she is able to sleep better. She had 12 prior sessions of acupuncture in 2012 from which she received significant benefit. Per a PR-2 dated 2/26/2015, the claimant has attended acupuncture once and thought she was doing better but she is not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture and a recent course of six acupuncture visits with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.