

Case Number:	CM15-0089370		
Date Assigned:	05/13/2015	Date of Injury:	03/25/2013
Decision Date:	06/19/2015	UR Denial Date:	05/08/2015
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 49 year old male, who sustained an industrial injury on March 25, 2013. He reported left shoulder, neck and low back pain. The injured worker was diagnosed as having cervicalgia, displacement of lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region and arthroscopic repair of the shoulder. Treatment to date has included surgical intervention of the shoulder, physical therapy, acupuncture, steroid injections of the lumbar spine, medications and work restrictions. Currently, the injured worker complains of left shoulder, low back and neck pain with associated tingling and numbness of bilateral upper extremities and hands as well as tingling in the legs and feet with associated weakness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 22, 2015, revealed continued pain as noted with associated symptoms. It was noted previous conservative therapies provided moderate, temporary relief of symptoms. Acupuncture was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chronic pain Table 2.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the progress report dated 2/23/2015, the patient completed 9 acupuncture sessions. The acupuncture provider reported decrease pain and improvement in the range of motion with acupuncture sessions. However, there was no objective, quantifiable documentation regarding functional improvement. Therefore, the provider's request for 9 additional acupuncture sessions is not medically necessary at this time.