

Case Number:	CM15-0089934		
Date Assigned:	05/14/2015	Date of Injury:	02/27/2013
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 28-year-old female who sustained an industrial injury on 02/27/2013. Mechanism of injury is not documented. Diagnoses include cervicalgia, myalgia, myositis and disorder of bursa and tendons in the shoulder region. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and acupuncture. A physician progress note dated 04/07/2015 documents the injured worker has less pain in the neck, upper back and left shoulder since her 6 acupuncture visits. She admits that some pain has returned. She would like to continue with acupuncture before trying any other treatments. She has pain in the mid back and lower back. She has pain with some weakness in the left hand. The pain is periodic in frequency. She rates her pain as 4 out of 10, but as low as 0 at its best, and 5 out of 10 at its worst. Her average pain in the last 7 days was 3 out of 10. Her pain is sharp and cramping, with muscle pain and sweating. She has had an increase in muscle spasms and twitching. Examination of the cervical spine reveals range of motion is full in all planes. There is tenderness to palpation over the left cervical paraspinal muscle, superior trapezius, levator scapulae, and rhomboids. There is a negative Spurling's maneuver bilaterally. Treatment requested is for 6 Acupuncture sessions for the lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions for the lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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 with improvement in pain scale. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.