

Case Number:	CM14-0128173		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2013
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is licensed in Acupuncture & Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who reported neck, bilateral shoulder, bilateral elbow, bilateral wrists, and low back pain from injury sustained on 10/08/13 due to a slip and fall. An MRI of the cervical spine revealed disc desiccation at C2-3 through C6-7 with associated loss of disc height; straightening of cervical lordosis; and multilevel disc herniation. An MRI of the lumbar spine revealed straightening of lumbar lordosis and multilevel disc herniation. An MRI of the right elbow revealed tendinosis of the triceps. An MRI of the right wrist revealed neutral ulnar variance was subtle ulnotriquetral impaction; subtle tear in the triangular fibro cartilage complex; minimal fluid in the radioscapoid, lunotriquetral joint spaces; tiny bone cysts in the capitates, lunate and scaphoid. An MRI of the left shoulder revealed right acromion: flat and laterally down sloping; osteoarthritic acromioclavicular joint; tendinosis of supraspinatus and infraspinatus tendons; synovium: effusion; subacromial bursitis and subdeltoid bursitis. MRI of the right shoulder revealed right acromion: flat and laterally down sloping; osteoarthritic acromioclavicular joint; tendinosis of supraspinatus and infraspinatus tendons; synovium: effusion; subacromial bursitis and subdeltoid bursitis. The patient is diagnosed with lumbosacral sprain/strain; neck sprain/strain; intervertebral disc displacement without myelopathy; elbow and forearm sprain/strain; shoulder sprain/strain; and thoracic/ lumbosacral neuritis/ radiculitis. The patient has been treated with medication and chiropractic. Per medical notes dated 08/05/14, patient complains of low back pain which has eased up some with therapy. She still has some appreciable right sided low back pain extending down the right leg. She still has guarded and restricted range of motion with flexion and extension of the lumbar spine. She has some tenderness in bilateral neck and upper back slightly moderate ache. The patient also complains of left shoulder pain, right elbow and right wrist pain. Provider is requesting initial trial of 8 acupuncture sessions which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery...Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". According to the medical records provided for review, the patient has not had prior acupuncture treatment. Per the MTUS Acupuncture Guidelines, 3-6 treatments are supported for an 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.