

Case Number:	CM13-0057736		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2012
Decision Date:	01/07/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 Chiropractic and Acupuncture Services 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 48 year old male who reports pain in his right shoulder and back resulting from a work related injury on 02/08/2012. Patient states that pain results from cumulative trauma incurred between 02/08/2011 and 02/08/2012. Patient is diagnosed with bilateral shoulder strain, low back pain, degenerative disk disease, bilateral lower extremity radiculopathy, thoracic degenerative disk disease, hypertension, obesity, headaches and sleep apnea. Per physicians notes dated 07/29/2014 patient states that his level of pain is 6-7 on a scale of 1-10 without medication, and down to 2-3 with medication. Examination reveals painful range of motion of the right shoulder and tenderness of the acromioclavicular joint area on the right side as well as tenderness over the superior trapezius muscle on the right side. There is paravertebral muscle spasm and tenderness in the lower lumbar region. Patient has been treated with medication, Acupuncture, physical therapy, ESI and chiropractic care. Primary treating physician requested 12 visits which were denied by the utilization reviewer. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 visits are not medically necessary.