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| Case Number: | CM14-0217759 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 05/17/2014 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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. 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 52 year old female, who sustained an industrial injury on 05/17/2014. She reported neck and back injured as a result of a slip and fall, she also received a closed head injury. On provider visit dated 11/20/2014, the injured worker complained of pain, stiffness and soreness in the neck that radiates to the upper back and to the left upper extremity/hand, left upper extremity was noted to have weakness, numbness and tingling, right upper extremity had a radiating pain and burning sensation, pain in lower back, left shoulder pain, right shoulder pain and right forearm pain. On examination the cervical spine was noted to be decreased range of motion, and tenderness to palpation to bilateral spine and upper trapezius area and shoulders were noted to have diffuse tenderness, and lumbar spine was noted to have tenderness and decreased range of motion. The diagnoses have included traumatic brain injury with post contusion symptoms, cervical spine strain with left radiculitis, lumbar spine strain with right radiculitis, left greater than right shoulder strain rule out rotator cuff tear with history of left shoulder operation, and right triceps strain rule out tear. Treatment plan included physical therapy, acupuncture, neurology consultation, functional capacity evaluation, medication, TENS unit, and urine drug test. On 12/17/2014 Utilization Review non-certified Acupuncture 2xWk X 6 Wks Cervical spine, lumbar spine and bilateral shoulders. The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for the cervical spine, lumbar spine, and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 acupuncture treatments are not medically necessary.