

Case Number:	CM14-0218468		
Date Assigned:	01/08/2015	Date of Injury:	10/09/2013
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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 thirty-seven year old female who sustained a work-related injury on October 9, 2013. The injured worker slipped and fell and sustained injuries to her cervical spine, right shoulder right elbow, lumbar spine and right wrist. A request for eight sessions of acupuncture therapy sessions for the low back and right shoulder was non-certified by Utilization Review (UR) on December 18, 2014. The UR physician utilized the California (CA) Medical Treatment Utilization Schedule (MTUS) indicates that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement is three to six treatments and the frequency is one to three times per year with an optimum duration of one to two months. Acupuncture treatments may be extended if function improvement is documented. The UR physician noted that upon review of the documentation submitted for UR, there was no documented evidence of significant objective functional limitations or a complete and thorough pain evaluation to include the intensity of pain after taking medication. A request for Independent Medical Review (IMR) was initiated on December 22, 2014. The documentation submitted for IMR included a physician's evaluation of November 7, 2014. The injured worker complained of constant posterior and right side neck pain which radiated to the right scapular area. She reported pain to the right shoulder, right elbow and right wrist. The injured worker reported constant low back pain. On examination, the injured worker was able to stand with good posture; she had no tenderness to

the cervical, thoracic or lumbar spines or the paraspinous musculature. There was no tenderness about the sternocleidomastoids, trapezii, rhomboids, sacroiliac joints or sacrosciatic notches. She ambulated with a normal gait and heel to toe waling was well-performed. The evaluating physician revealed that conservative treatment had been rendered to the injured worker to include medication and physical therapy. Her condition became permanent and stationary six months following the October 9, 2013 injury. The evaluating physician recommended analgesic medication and physical therapy for treatment of the neck; for treatment of the right shoulder, the evaluating physician recommended analgesic medication, physical therapy and injections. For the lumbar spine, the evaluating physician recommended injections, medications and physical therapy. Her work status was defined as modified work duties. A physician's evaluation of October 9, 2014 revealed that the injured worker had no change in symptoms since the previous visit. She reported low back pain and radiating pain to the left leg, neck and right shoulder pain. Diagnoses associated with this evaluation included cervical disc disease, right shoulder impingement/arthropathy, lumbar disc disease and lumbar radicular symptoms. The evaluating physician requested again eight visits of acupuncture for flaring low back pain and right shoulder pain and eight visits of chiropractic treatment for cervical and lumbar rehabilitation. The documentation did not include acupuncture notes or documentation to support functional improvement related to previous acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Therapy Sessions for the Low Back and Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS 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 of unknown quantity and duration. Since the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.