

Case Number:	CM14-0218481		
Date Assigned:	01/08/2015	Date of Injury:	03/05/2012
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
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:

This 48 year old female sustained a work related injury on 3/5/2012. The current diagnoses are cervical strain with evidence of acute C5 and C6 cervical radiculopathy (per EMG/NCS 5/10/2012), chronic multi-level degenerative disc and facet disease throughout most of the cervical spine (per MRI 6/12/2012), multi-level disc desiccation with 1.0 to 2.0 millimeter annular bulge at the level of C3-4, C4-5, C5-6, and C6-7 with mild biforaminal stenosis (per MRI 5/13/2014), left shoulder contusion, left shoulder tendinosis with retracted partial tear (per MRI 8/12/2013). According to the progress report dated 12/1/2014, the injured workers chief complaints were neck and left shoulder pain, which radiates into her bilateral arms to her hands, left greater than right, with associated numbness, tingling, and burning throughout her left arm as well. Additionally, she reports mid and low back pain with associated numbness and burning. The physical examination revealed tenderness to palpation of the cervical spine with associated spastic activity. There is restricted range of motion and sensory deficits throughout the left upper extremity. The thoracic and lumbar spine is positive for tenderness to palpation with associated spastic activity. Range of motion is limited. The left shoulder was tender to palpation over the left acromioclavicular joint and subacromial bursal area. There is limited range of motion and a positive Hawkin's test. On this date, the treating physician prescribed 8 sessions of acupuncture for the cervical spine and left shoulder, which is now under review. The acupuncture was prescribed specifically to reduce myofascial pain. In addition to acupuncture, the treatment plan included a functional capacity evaluation, hot showers daily, stretches, Naproxen, Tramadol, and Omeprazole. When acupuncture was prescribed work status was modified duty. Restrictions

included no lifting/carrying over 5 pounds, no forceful pushing with the left arm, no overhead work, and no prolonged neck bending. On 12/15/2014, Utilization Review had non-certified a prescription for 8 sessions of acupuncture for the cervical spine and left shoulder. The acupuncture was non-certified based on no documentation to indicate a physical rehabilitation program or surgical intervention that would be used in conjunction to the acupuncture. The California MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture for the cervical spine and left shoulder: 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. Provider re-requested 8 acupuncture sessions for cervical spine and left shoulder which were non-certified by the utilization review. 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, 8 acupuncture treatments are not medically necessary.