

Case Number:	CM15-0006173		
Date Assigned:	01/20/2015	Date of Injury:	07/03/2014
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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 43 year old male with an industrial injury dated 07/03/2014 when he was hit in the face with a concrete pipe. His diagnoses include lumbar radiculitis/radiculopathy, cervical radiculitis/radiculopathy, right shoulder rotator cuff tear with labral tear, and head, facial maxillary trauma and history of cerebral concussion. Recent diagnostic testing has included MRIs of the right shoulder, cervical spine and lumbar spine all revealing abnormal findings. He has been treated with conservative treatments, physical therapy, medications, acupuncture and chiropractic therapy. In a progress note dated 11/12/2014, the treating physician reports constant pain in the right shoulder rated 8/10 that increased with activity, constant pain in the cervical spine rated 7-8/10 that radiates to the right side, constant lumbar pain rated 7-8/10. The objective examination revealed decreased range of motion in the cervical spine, decreased lordosis, and tightness, spasms and guarding on palpation, decreased range of motion to the right shoulder with tenderness to palpation, grinding and clicking in the right shoulder, decreased strength of the right shoulder, abnormal findings in the right elbow and wrist, decreased range of motion in the lumbar spine with noted spasms, tightness, tenderness to palpation, and weakness. The treating physician is requesting electro-acupuncture with infrared heat which was denied by the utilization review. On 12/8/2014, Utilization Review non-certified a request for electro-acupuncture, infrared heat 2 times per week for 6 weeks for the cervical, thoracic, lumbar spines, and right shoulder, noting the absence of objective improvement with previous therapy. The MTUS and ACOEM Guidelines were cited. On 01/12/2015, the injured worker submitted an

application for IMR for review of electro-acupuncture, infrared heat 2 times per week for 6 weeks for the cervical, thoracic, lumbar spines, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture, infrared heat two (2) times a week for six (6) weeks for the cervical/thoracic/lumbar/right 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 requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.