

Case Number:	CM15-0100782		
Date Assigned:	06/03/2015	Date of Injury:	05/26/2010
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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 45-year-old female who sustained a work related injury May 26, 2010. After packing vegetables into heavy boxes and removing them from a conveyor belt for four to five hours, she developed severe pain in her neck, entire back, and left shoulder/arm. She was initially treated with medication and physical therapy. Electro diagnostic studies, dated April 7, 2015, (report present in the medical record) revealed right carpal tunnel syndrome (median nerve entrapment across the wrist) affecting sensory and motor components and chronic neuropathic changes in the bilateral L5 distribution. An MRI of the cervical spine, (compared to prior MRI 8/1/2014) dated April 10, 2015, is present in the medical record. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker presented with complaints of cervical spine pain radiating to the left upper extremity, 6-7/10, lumbar spine pain with radiation to the right lower extremity with significant weakness of the legs, bilateral shoulder, bilateral wrist, and bilateral hand pain. Objective findings included loss of range of motion of the cervical spine with a positive compression test on the left and decreased sensation of the left anterior arm. There is loss of range of motion of the lumbar spine, straight leg raise positive on the right at 60 degrees with radiation of pain to the right posterior thigh, and decreased sensation in the right anterior lateral leg. Diagnoses are chronic cervical and lumbar strain, rule out herniation; bilateral knee and shoulder stain; bilateral arm overuse syndrome; depression/anxiety. At issue, is the request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment two (2) times a week for four (4) weeks to the cervical spine, lumbar spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of neck, back, and left shoulder/arm pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted document, it appears that the patient did not have prior acupuncture care. An initial acupuncture trial may be necessary; however, the provider's request for 8-acupuncture treatment exceeds the guidelines recommendation and therefore is not medically necessary at this time.