

Case Number:	CM15-0111013		
Date Assigned:	06/17/2015	Date of Injury:	10/01/2010
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 was a 33 year old male with an industrial injury dated 10/01/2004-10/01/2010 (cumulative trauma). His diagnoses included cervical IVD displacement without myelopathy, left cervical 5 radiculopathy, impingement - right shoulder, lumbar IVD displacement without myelopathy and lumbar 5 radiculopathy - right. Prior treatment included over the counter Advil. He presented on 05/14/2015 with neck pain described as throbbing, needle and numbness pain radiating to right upper extremity. He rated his pain as 4-5/10. He also complained of right shoulder pain described as numbness and stabbing pain rated as 6/10. Low back pain radiated into his right lower extremity causing cramping in his right calf and numbness in his right foot. Pain was rated as 6/10. His medication was over the counter Advil as needed. Physical exam revealed decreased and painful flexion and extension of the cervical spine with loss of sensation in the cervical 5-6 nerve distribution on the right. Muscle strength in the upper extremity muscle groups was normal except for the forearm and wrist extension on the right. There was positive Jackson's maximal foraminal compression (R), positive cervical compression (R) and negative Hoffmann's bilaterally. In a Romberg's position the injured worker was grossly unstable. There was decreased range of motion of the right shoulder with tenderness. Hawkins's, Neer's and Impingement I & II signs were positive. Lumbar spine was positive for moderate to severe lumbar paraspinal and gluteal spasms. There was positive straight leg raising on the right in a seated position. Braggard's was positive on the right. MRI of the cervical spine dated 05/28/2015 showed minimal spondylosis of the cervical spine with mild right-sided neural foraminal narrowing seen at the cervical 4-5 and cervical 6-7 levels. There was no central canal stenosis or left neural foraminal narrowing noted. Small annular tears are seen within the disc at the cervical 5-6 and cervical 6-7 levels. Treatment plan included updated MRI studies of the cervical spine, right shoulder and lumbar spine, EMG/NCV studies of both upper and lower extremities to ascertain the source of the right upper and lower extremity

radicular symptoms and acupuncture 2 times 4. The treatment request is for acupuncture two times a week times four weeks for the cervical spine, right shoulder and lumbar spine, quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 4Wks for the Cervical spine, Right Shoulder and Lumbar spine, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X4 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792. 20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.