

Case Number:	CM15-0111649		
Date Assigned:	07/22/2015	Date of Injury:	12/09/2005
Decision Date:	08/18/2015	UR Denial Date:	05/12/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old female sustained an industrial injury to the head, neck, back, left shoulder and left elbow on 12/9/05. X-rays of cervical spine (1/20/15) showed osteophyte spur formation at C5-6 with loss of intervertebral space and some straightening of the normal lordosis. X-rays of the left shoulder and elbow (1/20/15) showed no acute abnormalities. X-rays of the thoracic spine (1/20/15) showed osteophyte formation at T9-10 with well-maintained intervertebral space. X-rays of the lumbar spine (1/20/15) showed L4-5 spondylolisthesis and disc degeneration at L5-S1. Previous treatment included physical therapy (twelve sessions), acupuncture (twelve sessions) and medications. In an orthopedic evaluation dated 4/21/15, the injured worker complained of pain to the left shoulder and neck rated 8/10 on the visual analog scale. The injured worker stated that she felt overall improvement following physical therapy and acupuncture. The injured worker stated that acupuncture reduced her reliance on oral medications. The injured worker was currently taking Ibuprofen for pain. Current diagnoses included mild degenerative disc disease, broad based disc bulge at L4-5 and L5-S1, increased signal of the supraspinatus tendon consistent with probable partial thickness rotator cuff tear and neck pain. The treatment plan included requesting authorization for additional acupuncture twice a week for six weeks, a left shoulder steroid injection, a pain management consultation, and magnetic resonance imaging to the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.