

Case Number:	CM15-0113086		
Date Assigned:	06/19/2015	Date of Injury:	07/12/2007
Decision Date:	07/28/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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 58 year old male who sustained an industrial injury on 7/12/07. Diagnoses are cervical facet syndrome and rotator cuff disorders not elsewhere classified. In a progress report dated 5/12/15, the primary treating physician notes subjective complaints of increased pain in the upper back, left foot, right foot and bilateral heels, burning and numb sensation in the feet, and neck pain with stiffness and accompanying post-occipital headaches. He is still awakening at night with headaches requiring ibuprofen with variable relief. He rates the pain as 6/10. He has tried acupuncture and it has been effective for control of pain. Objective findings note spasm and tenderness of parvertebral muscles bilaterally. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity, meningeal signs. Movements of the neck are restricted with extension to 25 degrees due to pain. Tenderness is noted in the cervical spine, paracervical muscles, rhomboids, and trapezius. Exam of the right shoulder is negative. No tenderness on palpation to the foot. The treatment plan is acupuncture, a podiatrist consult for gait evaluation/calcanal spurs with heel pain, and Ultram 50 mg twice a day. Work status is temporary total disability until the next appointment. The requested treatment is acupuncture 2 times weekly for 4 weeks, 8 sessions. Per a PR-2 dated 6/9/2015, the claimant has tried acupuncture for effective for control of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.