

Case Number:	CM15-0120621		
Date Assigned:	07/01/2015	Date of Injury:	09/18/2000
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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 female, who sustained an industrial injury on 9/18/2000. Diagnoses have included spinal/lumbar degenerative disc disease, cervical pain, shoulder pain and unspecified migraine. Treatment to date has included shoulder surgery, physical therapy and medication. According to the progress report dated 3/2/2015, the injured worker complained of neck pain, lower backache and right shoulder pain. She rated her pain as 7/10 with medications and 10/10 without medications. Exam of the cervical spine revealed tenderness and tight muscle bands of the paravertebral muscles. Exam of the lumbar spine revealed tenderness to palpation, spasm and tight muscle bands of the paravertebral muscles. Straight leg raise test was positive on the right side. Exam of the right shoulder joint revealed atrophy. Shoulder movements were restricted by pain. Authorization was requested for twelve acupuncture visits for the neck, right shoulder and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture visits for the neck, right shoulder and low back: 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, lower back, and right shoulder pain. The patient has tried physical therapy. The Acupuncture Medical Treatment guideline recommends an initial trial of 3-6 visits to produce functional improvement. There was no documentation of prior acupuncture care. Therefore, an initial trial is warranted at this time. However, the provider's request for 12 acupuncture visits exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the guidelines and therefore, it is not medically necessary at this time.