

Case Number:	CM15-0123933		
Date Assigned:	07/08/2015	Date of Injury:	01/29/2010
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 38 year old female who sustained a work related injury January 29, 2010. Past history included s/p right shoulder acromioplasty, Mumford, and SLAP repair March 6, 2015. According to a primary treating physician's report, dated June 1, 2015, the injured worker presented for follow-up, last seen May 4, 2015. She reports her medication has brought her pain down to a 4-5/10 and without medication her pain is rated 8+/10. She is able to walk 1-2 miles/day 4-5 times a week and without medication her mobility is limited. Current medication included Norco, Relafen, Biofreeze gel, and Cymbalta. The last urine drug screen was consistent. There is tenderness to palpation in the right greater than left paralumbar muscles. There is a palpable tightness noted in the upper parathoracic muscles as well as the lower paracervical musculature. Lumbar spine flexion is limited approximately 30-40 degrees. Lumbar spine extension is at 15-20 degrees with endpoints of pain. An MRI shows a lateral down sloping acromion with a small amount of fluid or inflammation in the subdeltoid bursa. Mild tendinopathy is noted at the infraspinatus tendon; superior labral tear is noted, otherwise, a negative MRI of the right shoulder. Diagnoses are right shoulder pain (physician included MRI data above); thoracic spine pain; low back pain; neck pain (cervical MRI November 2011 shows mild dorsal disc spur C3-C4 and C5-C6 with mild effect on the ventral thecal sac); carpal tunnel syndrome. At issue, is the request for authorization for acupuncture, 8 sessions to the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions to the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions for the neck and back which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.