

Case Number:	CM15-0126316		
Date Assigned:	07/10/2015	Date of Injury:	01/15/2010
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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 53 year old male, who sustained an industrial injury on January 15, 2010, incurring a crush injury to his ring finger. Treatment consisted of wound cleaning. Currently, the injured worker complained of persistent low back pain radiating down both legs with numbness and tingling, muscle weakness, impaired balance with symptoms worsening with prolonged weight bearing from industrial injuries that occurred in 2008. He noted shoulder weakness with radiating pain, decreased range of motion with numbness and tingling. Magnetic Resonance Imaging of the right shoulder showed a full thickness tear, osteoarthritis, tendinosis, tenosynovitis and bursitis. Magnetic Resonance Imaging of the left shoulder revealed a tendon tear and osteoarthritis. Magnetic Resonance Imaging of the lumbar spine revealed degenerative disc disease, spondylosis, and disc bulging. The treatment plan that was requested for authorization included acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per utilization review, patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.