

Case Number:	CM15-0148321		
Date Assigned:	09/18/2015	Date of Injury:	04/14/2015
Decision Date:	10/20/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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:

The injured worker is a 53 year old male who sustained an injury on 4-14-15 resulting from repetitive work. He injured his back, left shoulder, neck and right shoulder. Diagnostic testing on 6-19-15 cervical spine reveals evidence of mild hypertrophic change of the cervical spine without evidence of fracture or destructive changes. Lumbar spine reveals evidence of mild hypertrophic changes of the lumbar spine; bilateral shoulders no significant degenerative or destructive changes are identified. MRI lumbar spine 6-29-15 reveals L4-L5 vertical tear of the annulus of the posterior nucleus pulposus; 6 mm posterior protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac; L5-S1 3 mm midline disc bulge. MRI cervical spine 6-26-15 reveals C6-C7 3 mm posterior protrusion indenting the anterior portion of the cervical subarachnoid space. MRI left shoulder 7-1-15 reveals mild impingement syndrome with a partial tear in the region of the supraspinatus tendon. 7-20-15 orthopedic examination reports he has constant pain in the neck, sharp, aching and shooting along with numbness, burning, weakness and tingling and rated 5 out of 10 on the pain scale. The pain is relieved with rest, therapy and prescribed medications. He has constant low back pain that is sharp, burning, weakness and aching, numbness and tingling rated as 5-7 out of 10 and is relieved by rest, therapy and medications. Left and right shoulder constant pain and described as sharp, aching, burning and weakness along with numbness and tingling. His activities of daily living report he has difficulty with standing, sitting, reclining, walking, climbing stairs with or without using handrails, arising and housework. He is unable to maintain a restful night of sleep. Diagnoses are cervical spine strain, sprain with herniated cervical disc with radiculitis, radiculopathy; left

shoulder strain, sprain, impingement syndrome; right shoulder strain, sprain, impingement syndrome; lumbar spine strain, sprain, herniated lumbar disc with radiculitis, radiculopathy. The PR2 dated 7-23-15 report is handwritten and difficult to read for his subjective complaints, objective findings, and diagnoses. Requested treatments include acupuncture 2 x weeks for 6 weeks. Current requested treatments 12 visits of acupuncture. Utilization review 7-15-15 requested treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is not medically necessary.