

Case Number:	CM15-0171758		
Date Assigned:	09/14/2015	Date of Injury:	06/06/2015
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 56 year old, female who sustained a work related injury on 6-6-15. The diagnoses have included lumbar disc displacement without myelopathy, thoracic strain-sprain and rotator cuff sprain-strain of the right shoulder. Treatments have included oral medications and 12 sessions of physical therapy (no functional improvement). Medications she is currently taking include Cyclobenzaprine and Naproxen. In the progress notes dated 8-10-15, the injured worker reports thoracic spine pain. She describes it as occasional moderate pain that is sore and aching. The pain is made worse by stationary activity. She reports lumbar spine pain that is constant and severe. She describes this pain as aching, sore and sharp. This pain is made worse by bending forward. She also reports occasional and moderate right shoulder describes as sore and aching. This pain is made worse with overhead work. On physical exam, she has +3 spasm and tenderness to bilateral thoracic paraspinal muscles from T5-T10. She has +3 spasm and tenderness in the bilateral lumbar paraspinal muscles from L1-S1. Kemp's and Yeoman's tests are positive bilaterally. She has +1 spasm and tenderness in to right rotator cuff muscles and right upper shoulder muscles. She is not working. The treatment plan includes a request for 6 acupuncture sessions. The Utilization Review, dated 8-24-15, finds this request for acupuncture to the thoracic spine, lumbar spine and right shoulder is non-certified. The modalities listed with the request for acupuncture are used by a physical therapist and the injured worker has already completed 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 3 times a week for 2 weeks to the thoracic spine, lumbar spine and right shoulder (to include myofascial release, electrical stimulation, infrared and diathermy): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of occasional and moderate right shoulder pain. This pain is made worse with overhead work. The patient reported constant and severe pain in the lumbar spine. The pain was described as aching, sore and sharp. According to the progress report dated 9/4/2015, the provider reported that the patient completed 6 acupuncture sessions. However, there was no documentation regarding functional improvement from previous acupuncture therapy. Therefore, the provider's request for acupuncture 3 times a week for 2 weeks to the thoracic spine, lumbar spine, and right shoulder is not medically necessary at this time.