

Case Number:	CM15-0174474		
Date Assigned:	09/16/2015	Date of Injury:	07/11/2014
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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 44 year old male who sustained an industrial injury on 07-11-2014. Treatment to date has included acupuncture, chiropractic care, physical therapy and medications. According to a progress report dated 07-20-2015, the injured worker reported headache, neck pain with stiffness, heaviness, numbness, tingling, weakness and cramping, upper and mid back pain, low back pain, right and left shoulder pain with stiffness, heaviness, numbness, tingling and weakness. Physical examination of the cervical spine demonstrated decreased lordosis. Ranges of motion were decreased and painful. There was tenderness to palpation of the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Cervical compression caused pain bilaterally. Pain with range of motion was noted in the thoracic spine. There was tenderness to palpation of the thoracic paravertebral muscles. There were muscle spasms of the thoracic paravertebral muscles. Kemp's was positive bilaterally. Examination of the lumbar spine demonstrated mild hyperpronation of feet, slow and guarded gait, tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles. Kemp's was positive bilaterally. Straight leg raise was positive on the right. Examination of the right shoulder demonstrated tenderness to palpation of the acromioclavicular joint, anterior shoulder posterior shoulder and supraspinatus. Supraspinatus press was positive. Examination of the left shoulder demonstrated motor 4 out of 5, decreased and painful range of motion and tenderness to palpation of the anterior shoulder and posterior shoulder. Supraspinatus press was positive. Diagnoses included blurred vision, dizziness, headache post-traumatic chronic, cervical disc protrusion, cervical muscle spasm, cervical pain, cervical radiculopathy,

cervical sprain strain, thoracic disc protrusion, thoracic muscle spasm, thoracic sprain strain, lumbar disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain strain, rotator cuff tear, right shoulder impingement syndrome, right shoulder internal derangement, right shoulder pain, right shoulder sprain strain, left rotator cuff tear, left shoulder internal derangement, left shoulder pain and left shoulder sprain strain. The treatment plan included neurology consult for dizziness and headaches, reschedule nerve test, refer to MD for medications, referral for podiatry consult and acupuncture 2 x 4 to increase range of motion, increase activities of daily living and decrease pain. The injured worker was to remain off work until 09-03-2015. According to a previous progress report dated 06-08-2015, the injured worker reported relief from physical therapy and acupuncture. On 08-04-2015, Utilization Review non-certified the request for 8 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.