

Case Number:	CM15-0176202		
Date Assigned:	09/17/2015	Date of Injury:	12/27/2013
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 70 year old female, who sustained an industrial injury on 12-27-2013. The injured worker was being treated for sprain-strain of the lumbar spine and left shoulder. Treatment to date has included rest, heat, and unspecified acupuncture. Currently (8-10-2015), the injured worker complains of constant burning pain in the left shoulder, rated 7 out of 10 (9-10 out of 10 on 6-04-2015), with limited range of motion above head. She reported constant pain in the lumbar spine, rated 8 out of 10 (unchanged from 6-04-2015), and numbness and tingling in the left leg and foot, constant left hip pain, rated 7 out of 10, with radiation down the left leg and foot. She also reported pain in her bilateral knees and elbows. Pain in her left hip and bilateral elbows was not described on 6-04-2015. It was documented that "acupuncture helps" her lumbar pain and "is helping" left hip pain. Objective findings for the lumbar spine documented "Patient reports increase in kyphosis in thoracic spine and left hip. Patient also reports loss of lordosis along with pain at L3-S1, bilateral paravertebral muscle and bilateral posterior superior iliac spine." Measurements noted 2 feet, 20, 30-30, and 45-45. Exam of the left shoulder documented "Patient reports pain at bicep, anterior and mid-rotator cuff." Measurements noted 160, 170, 90, 30, and 30. Current medication regimen, if any, was not noted. She remained off work. Acupuncture "New Patient Intake Form" (dated 6-01-2015) was submitted. Acupuncture progress reports were not noted and it was not clear the number of recent sessions completed. Per the request for authorization (8-17-2015), the treatment plan included additional acupuncture, 2x3, for the lumbar spine and left shoulder, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the lumbar spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After an unknown number of prior acupuncture sessions (reported as beneficial, no specifics reported), the patient continues symptomatic and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria and is not medically necessary.