MAXIMUS Federal Services

Case Number:	CM15-0179140		
Date Assigned:	09/21/2015	Date of Injury:	06/26/2011
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 50 year old female who sustained an industrial injury on 6-26-11. Diagnoses are noted as sprain or strain of lumbar region and acromioclavicular joint pain. In a progress report dated 7-30-15, the physician notes a flare up of the right shoulder pain and decreased abduction and complaint of low back pain that radiates to the sacroiliac joints and around to the groin and legs but not below the knee. She had a medial branch block and is noted that it did not improve her symptoms. Medication is Naproxen and Tylenol #3. An MRI of the cervical spine was done 8-14-15. In a progress report dated 8-6-15, the physician notes symptoms of constant headaches mostly on the right side, pain radiating down the right arm-periscapular area and associated numbness and tingling to the thumb, index and middle finger. She is status post 5-22-12 right arthroscopic subacromial debridement and partial acromioplasty and open resection of the distal clavicle. She notes chronic right shoulder pain with associated limitation of abduction to the shoulder, which is not improving. It is noted that her chronic left shoulder pain and limitation is not as intense as the right shoulder. Palpation of the lumbar paraspinals reveals 2+ tenderness without spasm on the right. Right and left supine straight leg raise is positive at 90 degrees without radicular symptoms. Patrick's is positive on the left. Her gait is antalgic. Palpation of the trapezius and rhomboids are tender bilaterally. Work status is noted as permanent modified restrictions. The requested treatment of acupuncture x8 for chronic pain in the neck, shoulder and lumbar was modified to certify requested acupuncture to 6 treatments on 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 for chronic pain in neck, shoulder, and lumbar: 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 Acupuncture Treatment guideline recommends 3-6 visits over 1-2 months to produce functional improvement. The patient complained of right shoulder pain and low back pain that radiates to the sacroiliac joints and around to the groin and legs but not below the knee. There was no documentation of prior acupuncture therapy. Therefore, an acupuncture trial is warranted at this time. However, the provider's request for 8 acupuncture sessions exceeds the guidelines recommendation for an initial trial for which the guideline recommends 3-6 session. Therefore, the provider's request is not medically necessary at this time. The patient was authorized 6 out of the 8 requested sessions. There was no documentation of functional improvement from the authorized acupuncture sessions. Therefore, additional acupuncture session beyond the initial trial is not medically necessary unless there is documentation of functional improvement.