

Case Number:	CM15-0179722		
Date Assigned:	09/21/2015	Date of Injury:	04/10/2014
Decision Date:	11/25/2015	UR Denial Date:	08/14/2015
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 54 year old female with an industrial injury date of 04-10-2014 (03-11-2013 - 04-10-2014 - cumulative trauma). Medical records indicate she is being treated for lumbar disc protrusion, cervical disc protrusion, thoracic sprain-strain, right shoulder infraspinatus and supraspinatus thickness tear, right shoulder acromioclavicular osteoarthritis, right hip sprain-strain and right ankle sprain-strain. Subjective complaints (08-05-2015) included neck pain, upper back pain, lower back pain, right shoulder, right hip and right ankle pain. "Patient states that her quality of life with respect to her activities of daily living has been affected since the occupational injury because she's unable to participate in her gainful employment, being unable to perform personal hygiene without assistance and interacting with her family. The 07-21-2015 treatment note indicated the injured worker had noted less right shoulder and neck pain following acupuncture. The treating physician indicated improvement as well as less pain and soreness after acupuncture. Her medications included Naproxen, Omeprazole, Cyclobenzaprine and analgesic cream. Prior treatment included at least 9 sessions of acupuncture treatments. Objective findings (08-05-2015) included limited range of motion of the cervical spine. There was tenderness to palpation of the thoracic paravertebral muscles and limited range of motion. Lumbar spine range of motion was limited with tenderness to palpation of the lumbar paravertebral muscles. There was tenderness to palpation of the acromioclavicular joint and posterior shoulder. There was tenderness to palpation of the lateral ankle (right). On 08-14-2015 the request for acupuncture 8 sessions for the cervical spine, right ankle, right shoulder and lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions for the cervical spine, right ankle, right shoulder and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS 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 trial with temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.