

Case Number:	CM15-0060376		
Date Assigned:	04/06/2015	Date of Injury:	08/16/2013
Decision Date:	06/17/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 48 year old male, who sustained an industrial injury on August 16, 2013 while working as a construction worker. The injury occurred when the injured worker lifted a large tool box and developed neck, right shoulder and low back pain. The diagnoses have included pain in joint of the shoulder, right rotator cuff tear, lumbar disc disorder, lumbar radiculopathy, low back pain, cervicobrachial syndrome and encounter for long-term use of other medications. Treatment to date has included medications, radiological studies, physical therapy, acupuncture, trigger point injections, chiropractic sessions and a home exercise program. Current documentation dated February 24, 2015 notes that the injured worker reported worsening symptoms. The injured worker also noted loss of feeling in his right hand, especially the third, fourth and fifth digits. Examination of the cervical spine revealed moderate pain and a positive Spurling's maneuver on the right side. Neurological examination revealed a decreased sensation to light touch and dysesthesias over the index, middle and ring finger of the right hand. The treating physician's plan of care included a request for acupuncture treatments to the neck, lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - Neck/Lumbar-RT shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 and continues to worsen. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.