MAXIMUS Federal Services

Case Number:	CM15-0075789		
Date Assigned:	04/27/2015	Date of Injury:	08/22/2011
Decision Date:	06/11/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/21/2015

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 was a 54 year old female, who sustained an industrial injury, August 22, 2011. The injured worker previously received the following treatments MRI of the left shoulder, cervical spine MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities. The injured worker was diagnosed with cervical spondylosis, cervical radiculopathy, and displacement of the cervical intervertebral disc without myelopathy, lumbosacral spondylosis, sacroilitis, carpal tunnel syndrome and impingement syndrome of the shoulder region. According to progress note of March 17, 2015, the injured workers chief complaint was chronic neck pain and low back pain as well as knee pain. The pain was described as throbbing, aching, sharp, tender, cramping, stabbing, hot, burning sensation in the neck region radiating to the left shoulder and arm and the lower back pain radiated into the bilateral thighs. The pain was exacerbated by lifting, coughing, prolonged sitting and stand, walking and alleviated to some extent by rest, lying, in the supine position and analgesic medications. The physical exam noted moderately decreased range of motion of the cervical spine. There was tension of the cervical paraspinal musculature. There was decreased range of motion of the left shoulder. There was decreased range of motion with moderate to severe pain bilaterally. There was lumbar paraspinal facet joint tenderness from L3-L5. The sacroiliac joints were tender to palpation. The treatment plan included acupuncture for the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine and Cervical Spine, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acupuncture.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain/ Acupuncture.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions for lumbar and cervical spine which were modified to 6 acupuncture sessions for the lumbar spine only by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. ODG and ACOEM guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 8 Acupuncture visits for lumbar and cervical spine are not medically necessary.