

Case Number:	CM15-0091088		
Date Assigned:	05/15/2015	Date of Injury:	12/31/2014
Decision Date:	06/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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 39 year old male, who sustained an industrial injury on December 31, 2014. He reported neck pain, shoulder pain, low back pain and knee pain. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical muscle spasm, rule out cervical disc protrusion, lumbar musculoligamentous injury, lumbar muscle spasm, rule out lumbar disc protrusion and radiculopathy vs radiculitis, left shoulder myoligamentous injury, left shoulder muscle spasm, rule out right shoulder internal derangement, left and right knee sprain/strain, rule out left knee internal derangement and altered gait. Treatment to date has included diagnostic studies, conservative care, home exercise plan, medications and work restrictions. Currently, the injured worker complains of severe neck stiffness with numbness radiating to bilateral shoulders, right wrist and right elbow, constant, moderate low back pain with numbness radiating to the bilateral lower extremities, right knee and foot pain, depression and sleep disruptions. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 8, 2015, revealed continued pain as noted with associated symptoms. Physical therapy, chiropractic care, kinetic activities, electrodiagnostic studies and x-ray studies of the affected areas were recommended. He requested a cane for ambulation. Evaluation on February 10, 2015, revealed continued pain as noted. Acupuncture for the lumbar, cervical, right/left shoulder and the right/left ankle was requested. Six acupuncture visits were approved on 4/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar, cervical, right/left shoulder and the right/left ankle (3x6wks):
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 18 visits exceed the recommended guidelines for an initial trial thus this request is not medically necessary.