

Case Number:	CM15-0091458		
Date Assigned:	05/15/2015	Date of Injury:	03/31/2014
Decision Date:	06/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/12/2015

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: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 03/31/2014. According to a progress report dated 03/31/2015, the injured worker complained of occasional moderate achy neck pain, upper/mid back pain, low back pain, right shoulder pain and left shoulder pain and occasional mild achy right wrist pain and left wrist pain. Physical examination demonstrated decreased range of motion of the cervical spine with flexion and extension. There was tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles and suboccipitals. There was muscle spasm of the cervical paravertebral muscles. Spurling's was negative. Range of motion of the thoracic spine was decreased with flexion. There was tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Straight leg raise was positive bilaterally. Examination of the right shoulder demonstrated decreased range of motion with flexion, extension, adduction, abduction, internal rotation and external rotation. There was muscle spasm of the anterior shoulder and posterior shoulder. Neer's was positive. Hawkin's was positive. Examination of the left shoulder demonstrated decreased range of motion with flexion, extension, adduction, abduction, internal rotation and external rotation. There was tenderness to palpation of the anterior shoulder and posterior shoulder. There were muscle spasms of the anterior shoulder and posterior shoulder. Neer's was positive. Hawkin's was positive. Examination of the left and right wrist demonstrated decreased range of motion with dorsiflexion. There was tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. Tinel's was negative, Phalen's was positive. Carpal compression was positive.

Finkelstein's was negative. Diagnoses included cervical sprain/strain, thoracic sprain/strain, lumbar myospasm, lumbar sprain/strain, bursitis subacromial, impingement subacromial, bursitis subacromial, impingement subacromial, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome and left wrist sprain/strain. Treatment plan included Cyclobenzaprine, Gabapentin, extracorporeal shockwave therapy for the cervical spine, interventional pain management consult of the lumbar spine for possible epidural injection, follow up with ortho surgeon in 4 weeks and additional acupuncture therapy 2 times a week for 4 weeks for the lumbar spine and bilateral shoulders to help relieve pain. Currently under review is the request for eight acupuncture therapy sessions for the lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture therapy sessions for the lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from previous treatment rendered and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Eight acupuncture therapy sessions for the lumbar spine and bilateral shoulders is not medically necessary and appropriate.