

Case Number:	CM15-0094773		
Date Assigned:	05/22/2015	Date of Injury:	10/16/2006
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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 59-year-old female, who sustained an industrial injury, October 16, 2006. The injured worker previously received the following treatments IF 4 unit at home, 26 physical therapy sessions, 11 chiropractic treatments, 13 acupuncture treatments left wrist x-ray and left hip x-ray. The injured worker was diagnosed with chronic sprain/strain cervical spine, chronic sprain/strain thoracic spine, chronic sprain/strain lumbar spine with multilevel disc herniation, contusion/sprain/strain wrist/hand and forearm on the left, left De Quervain's tenosynovitis, left hip contusion and anxiety/tension reactive to pain and stress. According to progress note of March 9, 2015, the injured workers chief complaint was headaches, neck pain radiating into the bilateral shoulders, low back pain radiation into the bilateral lower extremities, left shoulder pain radiating into the arm, left arm pain radiating into the wrist, left wrist pain with radiation into the fingers, left hand pain radiation into the fingers, left finger pain with associated numbness and tingling and left hip pain radiating into the left leg with associated numbness and tingling. The headaches have improved significantly with pool therapy, acupuncture and physical therapy. The physical exam noted tenderness with palpation of the paracervical and sternocleidomastoid muscles bilaterally. There was tenderness with palpation over the paraspinal muscles. There was tenderness over the paralumbar muscles with spasms. There was decreased range of motion of the lumbar spine. The straight leg raises were positive bilaterally for pain at 70 degrees. There was tenderness to [palpation of the rotator cuff muscles at the inferior angle and medial boarder of the scapula with decreased range of motion. The left wrist had tenderness to palpation with full range of motion with pain. The Tinel's sign was

positive. The left hip had tenderness with palpation at the iliac crest and acetabulum with painful range of motion. The treatment plan included continued acupuncture, infrared, acupuncture to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Infrared, acupuncture to cervical spine (sessions) Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172- 176, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had prior acupuncture treatments. The patient reported that acupuncture treatments have been providing relief. The patient feels that her condition has slightly improved. There was no objective quantifiable documentation regarding functional improvement to warrant additional acupuncture sessions. Therefore, the provider's request for 4 additional acupuncture sessions is not medically necessary at this time.