MAXIMUS Federal Services

Case Number:	CM15-0099867		
Date Assigned:	06/02/2015	Date of Injury:	06/02/2012
Decision Date:	09/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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:

This 43 year old female sustained an industrial injury to the neck and left upper extremity via cumulative trauma from 6-1-99 to 10-19-12. Electromyography bilateral lower extremities (8-8-14) showed S1 radiculopathy. Magnetic resonance imaging left shoulder (9-19-13) showed subscapular bursitis and age related changes versus tendonitis to the supraspinatus tendon. Magnetic resonance imaging cervical spine (9-14-13) showed multilevel disc protrusion with neuroforaminal narrowing. Previous treatment included acupuncture (14 sessions), one session of therapy, a massage machine at home, topical creams and medications. In a PR-2 dated 4-8-15, the injured worker stated that her left upper extremity pain had remained stable since the last visit. The injured worker complained of left trapezius pain, rated 8 out of 10 on the visual analog scale, with radiation of pain from the neck and radiated down to the hand associated with left arm numbness. Physical exam was remarkable for tenderness to palpation over the left trapezius and subscapular region, minimal pain to palpation to the biceps tendons and pain upon flexion and abduction over the left trapezius 5 out of 5 upper extremity strength and decreased sensation throughout the left upper extremity. Current diagnoses included left shoulder impingement and cervical spine radiculopathy. The treatment plan included continuing medications, continuing ice therapy and home exercises and additional acupuncture for the cervical spine and left shoulder twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement obtained/documented with previous care. After prior acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, ROM and sleep pattern improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 8) exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 8 is not supported for medical necessity.