

Case Number:	CM14-0188348		
Date Assigned:	09/11/2015	Date of Injury:	08/22/2014
Decision Date:	10/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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, Montana

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 male year old male who sustained an injury on 8-22-14 resulting when he was unloading a truck, moving a bar when it suddenly fell. The bar weighed 500 pounds fell on him, hitting him in the head, neck and back. He immediately felt pin in the cervical and thoracic spine. The initial examination on 9-29-14 reports he has sharp and dull aching pain with stabbing, burning and shooting sensation in the cervical and thoracic spine that radiates around to the ribs, shoulders and chest. The pain is constant. Treatment has included physical therapy, rest and medications help to alleviate the pain and repetitive use activities worsen the symptoms. He reported numbness, tingling, and burning in the lower extremities, arms, neck, shoulders and chest. Activities of daily living limited are vacuuming; cleaning the houses; playing with his children; gardening; playing sports; doing the dishes; showering; making the bed and clothing himself. The neurological exam is positive for weakness and numbness; tenderness to palpation over the cervical paraspinals and trapezius and rhomboids. Range of motion cervical spine and thoracic spine is limited due to pain. Lumbosacral spine examination reveals normal gait; heel and toe ambulation cause no increase in back pain and range of motion is unrestricted. Straight leg raising from the supine position is negative at 90 degrees bilaterally. Diagnoses are cervical strain; trapezius strain; rhomboid strain; thoracic strain; quadratus lumborum strain; ligament and muscle strain and spasm. Physical therapy was completed, rest and medications showed minimal progress of his care. Current requested treatments 6 acupuncture sessions for the lumbar spine, 3 x week for 2 weeks; 6 acupuncture sessions for the cervico thoracic spine, 3 x a week for 2 weeks. Utilization review 10-16-14 acupuncture for lumbar spine and cervico thoracic was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions for the Lumbar spine, 3x a week for 2 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, and Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20and%20Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested trial of 6 acupuncture sessions for the lumbar spine which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records; however, patient has not had improvement with medication. Acupuncture is also used as an adjunct to physical rehabilitation or to hasten surgical intervention which was also not documented in the provided medical records; however, per documented patient has failed physical therapy. Requested visits are within the quantity of acupuncture visits supported by the cited guidelines. Per guidelines and review of evidence, 6 Acupuncture visits for lumbar spine are medically necessary.

6 Acupuncture sessions for the Cervico Thoracic spine, 3x a week for 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested trial of 6 acupuncture sessions for cervical spine which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records; however, patient has not had improvement with medication. Acupuncture is also used as an adjunct to physical rehabilitation or to hasten surgical intervention which was also not documented in the provided medical records; however, per documented patient has failed physical therapy. Requested visits are within the quantity of acupuncture visits supported by the cited guidelines. Per guidelines and review of evidence, 6 Acupuncture visits for cervical spine are medically necessary.