

Case Number:	CM13-0003336		
Date Assigned:	06/06/2014	Date of Injury:	01/14/2003
Decision Date:	07/11/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Chiropractic Medicine, has a subspecialty in Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old who reported neck and bilateral shoulder pain from injury sustained on January 14, 2003. Mechanism of injury is unknown. Electrodiagnostic test of left upper extremity is normal. MRI of the cervical spine revealed persistent perineural cyst at C5-6 and C5-6 and C6-7. Patient is diagnosed with ulnar neuropathy, carpal tunnel syndrome, left shoulder impingement and degenerative disc disease. Patient has been treated with acupuncture, medication, physical therapy, epidural injection and chiropractic. Per notes dated June 17, 2013, patient complains of left hand tingling, decreased sensation in the 4th and 4th finger. "She will continue for six more visits as it is very helpful and relieved distress and neurological symptoms by 70%. Per notes dated July 29, 2013 patient has ongoing pain in the left side of her neck; left shoulder with pain radiating down her left arm. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment Guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The request for six sessions of acupuncture is not medically necessary or appropriate.