

Case Number:	CM13-0010239		
Date Assigned:	09/17/2013	Date of Injury:	06/27/2009
Decision Date:	02/04/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

This patient is a 48-year-old female who reported an injury on 06/27/2009. Notes indicate that his patient was evaluated on 07/19/2013 with the patient presenting for a follow-up appointment regarding chronic neck pain. Notes indicate that the patient reported significant reduction in medications, specifically Relafen secondary to acupuncture treatments attended. Notes indicate that the patient was recommended for additional sessions. Furthermore, notes indicated the patient had undergone a prior cervical epidural steroid injection and was noted continued improvement in pain reduction to the neck and right upper extremity as well as with numbness and tingling. The clinical documentation submitted for review indicates that this patient has attended 30 prior sessions of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is a lack of documentation submitted for review indicating in the most recent clinical notes that the patient has objective functional improvement following the previously attended acupuncture treatments. Notes indicate most recently that the patient has persistent neck pain and upper extremity symptoms, particularly in the left arm, index finger, and lateral forearm with burning pain. However, notes indicate that this has decreased since her prior cervical epidural steroid injection. Based on the documentation submitted for review, the request for decision for acupuncture times 6 for the neck is not medically necessary and appropriate.