

Case Number:	CM13-0010916		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2009
Decision Date:	03/18/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified in Chiropractic & 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:

Claimant is a 46 year old female who sustained a work related injury on 8/3/2009. Prior treatment includes toradol injections, chiropractic, trigger point injections, HEP, oral medications, bilateral shoulder surgery (March 2013), TENS, pre and post operative physical therapy. Her primary diagnoses are myofascial pain syndrome, cervical sprain/strain, cervical disc protrusions, carpal tunnel syndrome, and status post shoulder arthroscopy. She was authorized six acupuncture sessions from 9/20/2013-11/20/2013. Acupuncture notes state that the claimant had noted improvement in neck symptoms but persistent shoulder symptoms from 9/25/13 to 10/08/13. Per a Pr-2 dated 10/24/13, the physician notes that the claimant has had six acupuncture visits and it allowed the claimant to wean off her medication from 4-5 norco tablets to 2 norco tablets. The acupuncture has significantly relieved pain in the upper back but she has significant discomfort in the mid to lower thoracic region. A 60% pain reduction was noted with acupuncture. Six acupuncture sessions were approved from 11/5/2013 to 12/31/2013. Per a PR-2 dated 11/25/13, the physician notes that acupuncture helps with no specific functional benefit noted. Per a PR-2 Dated 12/19/2013, the claimant is relatively unchanged. She has left shoulder pain and burning pain into the neck. She has bilateral wrist pain as well. Daily activities aggravate her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture sessions to the cervical spine and and initial to left upper extremities (Shoulder and Wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However the provider failed to document functional improvement associated with her most recent set of acupuncture visits. There was an initial weaning off of medication and decrease of pain in her initial six visits, but most recent reports note that she is relatively unchanged. If this request is for an initial set of acupuncture, the claimant has already had a trial. Therefore further acupuncture is not medically necessary in the absence of objective documented functional improvement.