

Case Number:	CM13-0014290		
Date Assigned:	04/23/2014	Date of Injury:	05/08/2009
Decision Date:	06/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 56 year old female who was injured on 5/8/2009. The diagnoses listed are neck pain, shoulder pain, low back pain, brachial plexus neuritis and chondromalacia. The NCS and EMG were normal in 2013. The cervical spine MRI showed multilevel disc bulges. The patient had right shoulder rotator cuff repair in 2012. In the most recent medical record dated 10/21/2013, [REDACTED] did not indicate the indication for additional acupuncture treatments. There was a plan to refer the patient for epidural steroid injections. There was no record of beneficial effects from the acupuncture treatments that was completed years earlier. On a 4/17/2013 clinic visit, the patient was noted to have normal sensory test, normal motor and power of the extremities and normal deep tendon reflexes. There was only some muscle tenderness and guarding.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL ACUPUNCTURE SESSIONS FOR CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS addressed the use of acupuncture in the treatment of chronic musculoskeletal pain. It is recommended that the patient be re-assessed after 3-6 treatment sessions at 1-3 per week is completed. The required documentation should include the indications, the sites to be treated as well as a detailed of the acupuncture method used. The beneficial effects including increase in range of motion, increase in ADL, reduction in work restriction and reduction in pain must be documented. A detailed documentation of beneficial effects from prior treatment must be provided before additional treatment can be recommended. This patient had completed prior acupuncture treatments but neither the treatment details or the beneficial effects was provided. The request is not medically necessary or appropriate.