

Case Number:	CM13-0030717		
Date Assigned:	11/27/2013	Date of Injury:	09/09/2010
Decision Date:	02/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Licensed in Chiropractic, 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 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:

The patient is a 57-year-old female with a date of injury of 09/09/2010. According to the progress report dated 08/20/2013, the patient's last acupuncture treatment was 8/13/2013. The patient completed 6 of the 6 authorized acupuncture treatments. The patient recently underwent cervical facet RFA and reports significant decrease in neck pain after the procedure. She still has significant pain in the shoulders and knees. The patient reported decrease shoulder pain, bilateral knee pain, and improvements in tolerance to simple activities and chores around the home with acupuncture treatments. Objective significant findings include tenderness over the posterior cervical paraspinal muscles from C4-C7, bilateral trapezius tenderness, medial, limited shoulder range of motion, limitation of right hip flexion with right anterior thigh pain, and slightly antalgic gait. The patient was diagnosed with degeneration of cervical disc, depression with anxiety, bipolar 1 disorder, and pain in shoulder joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Treatments: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had prior acupuncture care with documented functional improvement. According to the report dated 8/20/13, the patient completed 6 of the 6th authorized acupuncture sessions and reported decreased shoulder pain, bilateral knee pain, and improvements in tolerance to simple activities and chores around the house. The provider's request for 6 additional acupuncture sessions is medically necessary at this time.