

Case Number:	CM13-0040353		
Date Assigned:	12/20/2013	Date of Injury:	09/07/2005
Decision Date:	05/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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, 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 54 year old female who reported neck and right shoulder pain from an injury sustained on 09/07/05. The mechanism of injury is unknown. There were no diagnostic imaging reports provided for review. The patient was diagnosed with cervical spine radiculitis and status post cervical fusion. The patient was treated with nerve block; medication and acupuncture. The number of acupuncture visits is unknown. Per notes dated 03/16/13, the patient reports that her right hand, forearm and arm hurt all the time due to too much typing at work. Frequent neck and shoulder tightness were relieved after acupuncture treatment. She has weakness in the right hand; +2TTP cervical paraspinals and upper trapizus; cervical spine range of motion is 40% limited with pain. Per notes dated 10/03/13, right shoulder pain has reduced from 8/10 to 6/10. Right hand and wrist pain is 8/10. There is no assessment in the provided medical records of any functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES 5, NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture 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: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." According to the medical records provided for review, the 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 any functional efficacy with prior acupuncture visits. The MTUS Guidelines indicate additional visits may be rendered if the patient has documented objective functional improvement, but the medical records provided for review do not include documented objective functional improvement from prior acupuncture visits. The request is therefore not medically necessary and appropriate.