

Case Number:	CM13-0040978		
Date Assigned:	12/20/2013	Date of Injury:	04/25/2008
Decision Date:	04/18/2014	UR Denial Date:	10/18/2013
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 licensed in Chiropractic and 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:

The injured worker is a 65-year-old female who reported neck, low back and shoulder pain from injury sustained on February 25, 2008 after falling off a stool. An MRI of the cervical and lumbar spine revealed discopathy. An MRI of the shoulder revealed tendinosis. The patient was diagnosed with cervical spine sprain/strain with spondylosis; lumbar sprain/strain with spondylosis and degenerative disc disease; bilateral shoulder sprain/ strain with subacromial impingement. The patient has been treated with medication, epidural injections, physical therapy and acupuncture. Per acupuncture notes dated February 1, 2013, the patient's chief complaint of neck pain and low back pain has decreased from 8/10 achy sharp to 6-8/10, but today pain is 4/10. Patient states she feels more flexible with her neck, back and left shoulder. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or reduction in medication intake. Per notes dated September 10, 2013, patient complaints of continued neck pain and pain in bilateral shoulder with stiffness on the left more than the right and persistent low back pain. The treating physician would like to request an additional 12 acupuncture sessions. The patient has not had any long-term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR THE NECK, BILATERAL SHOULDERS AND BACK: 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 Acupuncture Medical Treatment 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. The time to produce function improvement is 3-6 treatments, 1-3 times per week, for 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. 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 functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. According to the California MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.