

Case Number:	CM13-0041466		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2009
Decision Date:	02/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 49 year old female who reported neck pain, right shoulder pain and low back pain from an injury sustained on 3/20/2009. The patient was doing her regular and customary duties of sorting mandarins when she felt pain in the neck and shoulder. MRI dated 8/5/13 revealed osteoarthritis, tendonitis, and subchondral cyst. MRI of low back dated 10/5/13 revealed Disc Desiccation at L3-4, L4-5. L4-L5 encroachment of thecal sac, L5-S1 diffuse disc protrusion and L4 over L5, L5 over S1 retrolisthesis. MRI dated 8/5/13 revealed straightening of cervical lordosis otherwise unremarkable. Patient was diagnosed with L/S discopathy, Right shoulder Sprain/ strain and Cervical sprain/ strain. Patient was treated with epidural injection, extensive pain medication, Therapy and Acupuncture. Patient had acupuncture visits on 8/13/13 and 8/29/13. Patient reported neck pain, right shoulder pain and bilateral wrist pain. Per notes on 8/29/13 patient's symptoms were "slightly improved", without any mention of functional improvement. Per notes dated 8/20/13 patient reported her pain getting better with medication and full range of motion of the right shoulder. Patient had temporary relief with Acupuncture treatment but there is lack of evidence on functional improvement with treatment. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 8-9, "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". Acupuncture treatments may be extended if functional improvement is documented. The patient had temporary relief with Acupuncture treatment but there is lack of evidence on functional improvement with treatment. Patient continues to have pain and flare-ups. Patient continues to take pain medication which helps with pain. Per review of evidence and guidelines, 6 Acupuncture visits are not medically necessary.