

Case Number:	CM13-0049741		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2006
Decision Date:	06/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 56 year-old female who was injured on 7/14/2006. She has been diagnosed with cervical sprain, thoracic sprain, lumbar sprain; myalgia; disorder of bursa and tendons in shoulder region; sleep disturbance; anxiety; disturbance of skin sensation; pain in joint involving forearm; and headache. According to the 10/8/13 chiropractic report, the patient presents with 8/10 shoulder pain, 8/10 wrist pain; 9/10 neck pain, 8/10 upper back pain; 8/10 low back pain. On 10/22/13, utilization review recommended denial for 18 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 ACUPUNCTURE VISITS (1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, OUTPATIENT SETTING), THREE (3) TIMES PER WEEK FOR SIX (6) WEEKS, FOR THE RIGHT SHOULDER, CERVICAL SPINE, LUMBAR SPINE, CARPAL TUNNEL, AND THORACIC REGION: 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 10/8/13 chiropractic report, the patient presents with 8/10 shoulder pain, 8/10 wrist pain; 7/10 finger and thumb pain; 9/10 neck pain, 8/10 upper back pain; 8/10 low back pain with symptoms down both legs. The recommendation was for physical therapy (PT), acupuncture and chiropractic care 3x6. I have been asked to review for acupuncture 3x6. The prior chiropractic report is dated 7/24/13, and notes the patient has been attending chiropractic and PT 2 times per week for the prior 3 weeks. The report before that was dated 6/4/13 and documents chiropractic and PT 2times/week. There is no mention of acupuncture prior to 10/8/13, and there are no acupuncture treatment notes provided for this Independent Medical Review (IMR). Based on the available information provided, it appears that 10/8/13 was the initial request for acupuncture. The MTUS acupuncture treatment guidelines state that if acupuncture is to be effective, there should be some functional improvement within the first 6 sessions. The guidelines state that acupuncture treatment can be extended with documentation of functional improvement. The initial request for 18 sessions of acupuncture exceeds the MTUS/acupuncture guidelines recommendations of 6 sessions, which are necessary to document functional improvement. As such, the request is not certified.