

Case Number:	CM13-0056411		
Date Assigned:	12/30/2013	Date of Injury:	10/12/2012
Decision Date:	05/15/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation 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:

According to the records made available for review, this is a 36-year-old male with a 10/12/12 date of injury, and status post C6-7 fusion 1/22/13. At the time (10/24/13) of request for authorization for acupuncture three times weekly for four weeks to the neck and left shoulder, there is documentation of subjective (continuous pain in the neck that radiates to the left triceps, scapular, and axillary region, numbness and tingling in the arms as well as frequent headaches, neck stiffness; left shoulder pain that travels to the neck, popping, clicking, and grinding sensation in the shoulders; gastrointestinal irritation and nausea, aggravated with medication intake) and objective (cervical spine 4/5 muscle strength deltoid, decreased sensation C6 dermatomal distribution, decreased range of motion; left shoulder decreased range of motion) findings, current diagnoses (cervical radiculopathy, status post cervical fusion, left shoulder impingement syndrome), and treatment to date (activity modification, medications, and post-op Physical Therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE TIMES WEEKLY FOR FOUR WEEKS TO THE NECK AND LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, status post cervical fusion, and left shoulder impingement syndrome. In addition, there is documentation that pain medications are not tolerated, functional deficits, and functional goals. However, given that the request is for acupuncture three times weekly for four weeks to the neck and left shoulder, the proposed number of visits exceed acupuncture guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for acupuncture three times weekly for four weeks to the neck and left shoulder is not medically necessary.