MAXIMUS Federal Services

Case Number:	CM13-0058852		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2012
Decision Date:	05/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine 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 an employee of [redacted]. and has submitted a claim for left cervical radiculopathy associated with an industrial injury date of 03/07/2012. Treatment to date has included chiropractic care, physical therapy, acupuncture, cervical epidural steroid injection and medications including paracetamol, Soma, Cyclobenzaprine, Naproxen sodium, and Pantoprazole. Utilization review from 11/21/2013 denied the request for acupuncture for cervical spine 2 x 6 because of lack of evidence on functional improvement even with previous acupuncture visits. Medical records from 2012 to 2013 were reviewed showing that patient has been complaining of chronic neck and left upper extremity pain with numbness in the fingers of left hand. Patient rated 8/10 cervical pain and 7/10 left shoulder pain improved with intake of medications to 4-5/10. Patient was able to do self-care and personal hygiene normally, but experienced extra discomfort. She also had some difficulty doing repetitive activities (i.e. working on a computer), pushing, pulling, reaching overhead, gripping, grasping, holding and manipulating using left hand. Physical examination showed left paracervical and cervicothoracic junctional tenderness. There was no muscle spasm. Spurling's maneuver was negative. Cervical range of motion percent of normal was flexion 60 degrees, extension 50 degrees, left rotation 50 degrees, and right lateral tilt at 50 degrees. Range of motion of left shoulder showed limited flexion at 165 degrees, abduction to 160 degrees, and internal rotation at 60 degrees. There was normal muscle strength, sensation and deep tendon reflexes in the upper extremities. Special tests showed negative Speed, Yergason and instability testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR CERVICAL SPINE AND LEFT SHOULDER 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is 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. Acupuncture treatments may be extended if functional improvement is documented. In this case, a progress report dated 11/15/2013 stated that acupuncture is needed to decrease pain and inflammation. Physician stated that efficacy of acupuncture will be evaluated in the next visit. In the most recent progress report, dated 12/06/2013, there was a lengthy discussion on the improved symptoms and functional activities, however, with the use of medications. Evidence was lacking that the improvement resulted from acupuncture to which the patient already completed 30 sessions. Therefore, the request for acupuncture for cervical spine and left shoulder 2 x 6 is not medically necessary.