MAXIMUS Federal Services

Case Number:	CM13-0060820		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2013
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 applicant is a represented [redacted] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of August 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; MRI imaging of the left shoulder of November 17, 2013, notable for a minimal joint effusion with no evidence of any significant internal derangement; and muscle relaxants. In a utilization review report of November 28, 2013, the claims administrator outright denied a request for 12 sessions of acupuncture, citing a lack of supporting documentation on the attending provider's part. A clinical progress note of October 21, 2013 is notable for comments that the applicant has persistent neck pain, shoulder pain, and muscle spasms. The applicant is given work restrictions which are resulting in his being placed off of work. Tramadol was endorsed. Twelve sessions of manipulative therapy and acupuncture were seemingly sought. The request did represent a first-time request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS TO THE NECK AND SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-173,Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." By implication, then, an initial course of acupuncture should comprise of a three- to six-session trial. In this case, the 12-session course of treatment being sought by the attending provider does represent treatment well in excess of the guideline. Since partial certifications are not possible due through the independent medical review process, the request is wholly not certified, although it is noted that the documentation on file would support a course of acupuncture (3 to 6 treatments) which conformed to MTUS parameters