

Case Number:	CM13-0063543		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2010
Decision Date:	03/21/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, has a subspecialty in Pain Management, 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 physician 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 59 year old female with a 3/19/10 date of injury. At the time of request for authorization for Acupuncture and a X-force unit, there is documentation of subjective (cervical spine stiffness and pain, right shoulder pain, and low back pain radiating down the right leg to the right knee) and objective (decreased right shoulder range of motion and strength) findings, current diagnoses (musculoligamentous sprain of the cervical spine, lumbar spine and right shoulder), and treatment to date (medications and physical therapy). Plan indicates acupuncture treatment and x-force unit to help decrease pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines indicate 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 musculoligamentous sprain of the cervical spine, lumbar spine and right shoulder. In addition there is documentation of functional deficits and goals. However, the proposed number of acupuncture sessions exceeds MTUS Guidelines' recommendations for an initial trial. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture QTY: 8.00 is not medically necessary.

X-force unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Interferential Current Stimulation Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Guidelines identify that interferential current stimulation is not recommended as an isolated intervention, except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain of the cervical spine, lumbar spine and right shoulder. However, there is no documentation that that the X-force unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for X-force unit is not medically necessary.