

Case Number:	CM13-0064676		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2011
Decision Date:	06/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/12/2013

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 Chiropractic & Acupuncture 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 injured worker reported left shoulder; low back and left groin pain from injury sustained on 2/1/11 due to cumulative trauma. MRI of the lumbar spine revealed multilevel mild to moderate disc bulges and multilevel mild disc dessication. Patient was diagnosed with left shoulder internal derangement; lumbar spine pain and lumbar radiculopathy. Patient is being treated with medication. Primary treating physician is requesting initial course of 12 acupuncture visits which exceeds the number supported by guidelines. Per notes dated 09/19/13, patient complaints of burning left shoulder pain, 8/10 to constant, moderate to severe; burning, constant radicular low back pain 7-8/10, moderate to severe and sharp stabbing pain at left groin 5/10, constant, moderate to severe. The patient states that the symptoms persist but the medications do offer him temporary relief and improve his ability to have restful sleep. There is no assessment in the provided medical records of functional efficacy with prior visits. Patient hasn't had any long term symptomatic or functional relief with care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED E-ACUPUNCTURE THERAPY 3X2 FOR 2 MONTHS LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated both of which were not documented in the medical records. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additionally, requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or reduction in medication intake. Therefore, the request for 12 Acupuncture visits is not medically necessary and appropriate.