MAXIMUS Federal Services

Case Number:	CM13-0065114		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2009
Decision Date:	06/16/2014	UR Denial Date:	11/21/2013
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 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 claimant is a 56-year-old male with date of injury 6/30/2009. Per progress note dated 11/7/2013 the claimant has constant right posterior neck pain, moderate to severe. There is left shoulder pain moderate to severe with increased sensitivity and decreased range of motion. There is right shoulder pain with numbness and tingling. There is bilateral hand and wrist pain. There is constant right upper back pain with stiffness and tightness. Examination revealed decreased cervical and shoulder range of motion, positive bilateral Codman's, positive Hawkins and Neer's, and positive Obrien's bilaterally. The diagnoses include: 1) cervicobrachial syndrome 2) shoulder tenosynovitis 3) tenosynovitis right wrist 4) hand/wrist tenosynovitis 5) anxiety 6) possible posttraumatic insomnia 7) hypertension 8) thoracalgia. The treatments have included C4-5, C5-6, and C6-7 cervical epidural injections on 6/14/2013, 5/28/2013 and 5/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH NEEDLE TWO (2) TIMES FOUR (4) TO CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDER, AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment Guidelines, acupuncture should produce functional improvement in 3 to 6 treatments. It is noted in utilization review dated 9/12/2013 that the claimant was approved for 6 sessions of acupuncture. There are no clinical documents that describe functional improvement from these treatments. Although at least 6 sessions of acupuncture have been previously approved, there is no documentation provided regarding the total amount of treatments. The request for Acupuncture with Needle two (2) times four (4) to Cervical Spine, Thoracic Spine, Bilateral Shoulder, Bilateral Wrist is not medically necessary.

CUPPING ACUPUNCTURE TWO (2) TIMES FOUR (4) TO CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDER, AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment Guidelines, acupuncture should produce functional improvement in 3 to 6 treatments. It is noted in utilization review dated 9/12/2013 that the claimant was approved for 6 sessions of acupuncture. There are no clinical documents that describe functional improvement from these treatments. Although at least 6 sessions of acupuncture have been previously approved, there is no documentation provided regarding the total amount of treatments. The request for cupping acupuncture as a separate modality from needle acupuncture is not clearly substantiated by the requesting provider. The request for Cupping Acupuncture two (2) times four (4) to Cervical Spine, Thoracic Spine, Bilateral Shoulder, Bilateral Wrist is not medically necessary.

INFRARED LAMP ACUPUNCTURE TWO (2) TIMES FOUR (4) TO CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDER, AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment Guidelines, acupuncture should produce functional improvement in 3 to 6 treatments. It is noted in utilization review dated 9/12/2013 that the claimant was approved for 6 sessions of acupuncture. There are no clinical documents that describe functional improvement from these treatments. A lthough at least 6 sessions of acupuncture have been previously approved, there is no documentation provided regarding the total amount of treatments. The request for infrared lamp acupuncture as a

separate modality from needle acupuncture is not clearly substantiated by the requesting provider. The request for Infrared Lamp Acupuncture two (2) times four (4) to Cervical Spine, Thoracic Spine, Bilateral Shoulder, Bilateral Wrist is not medically necessary.

CHIRO ONE (1) TIMES SIX (6) TO CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDER, AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Per MTUS guidelines, chiropractic treatments are recommended for chronic pain in the low back if caused by musculoskeletal conditions. For other body parts, specifically ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, and knee, acupuncture is not recommended. The MTUS guidelines do not support the use of chiropractic treatment for the body parts of concern. It is noted that chiropractic treatment had been provided previously, but there is no documentation provided for review that indicates functional improvement as a result of these treatments. The total amount of prior treatments is not stated; however, the claims adjuster's letter to the primary treating provider, dated 8/30/2013, indicates that the claimant has received at least 24 chiropractic treatment sessions. The request for Chiro one (1) times six (6) to Cervical Spine, Thoracic Spine, Bilateral Shoulder, Bilateral Wrist is not medically necessary.

ELECTRO ACUPUNCTURE TWO (2) TIMES FOUR (4) TO CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDER, AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment Guidelines, acupuncture should produce functional improvement in 3 to 6 treatments. It is noted in utilization review dated 9/12/2013 that the claimant was approved for 6 sessions of acupuncture. There are no clinical documents that describe functional improvement from these treatments. Although at least 6 sessions of acupuncture have been previously approved, there is no documentation provided regarding the total amount of treatments. Although electro-acupuncture is recommended by the MTUS as is needle acupuncture, the request for electro-acupuncture as a separate modality from needle acupuncture is not clearly substantiated by the requesting provider. The request for Electro Acupuncture two (2) times four (4) to Cervical Spine, Thoracic Spine, Bilateral Shoulder, Bilateral Wrist is not medically necessary.