

Case Number:	CM14-0010504		
Date Assigned:	02/21/2014	Date of Injury:	01/07/2005
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 licensed in Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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:

Clinical Summary: The applicant is a female employee who has filed an industrial claim for neck pain and upper extremity pain, primarily on the right side. Applicants' diagnosis is of cervical spine disc degeneration, brachial neuritis or radiculitis, and shoulder joint pain. The accepted date of the cumulative injury is 1/7/05. Treatment has included physical therapy, prior acupuncture sessions, MRI of the cervical spine and right shoulder, electro-diagnostic nerve conduction studies, on 2/29/12, 4/3/08, 4/16/09, 5/26/05, and 1/13/08. Procedures include epidural steroid injections to the cervical spine in 2009 and right shoulder surgery in 2006. In addition the applicant uses a home tens unit and oral and topical, pain and anti-inflammatory medications. Applicant's work status is unchanged as permanent and stationary and applicant is retired and not working. In the utilization review report, dated 1/3/14, the UR determination did not approve the twelve sessions of acupuncture requested due to lack of objective findings of the outcome of prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF ACUPUNCTURE PER MD RPT 12/18/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains of permanent and stationary with unchanged work restrictions. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, this request is not medically necessary if it had been for an initial trial of acupuncture, MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement.