

Case Number:	CM14-0012385		
Date Assigned:	02/21/2014	Date of Injury:	03/27/2013
Decision Date:	07/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/30/2014

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 Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 is a 50-year-old female who reported an injury on 03/27/2013 as a result of repetitious use. Within the clinical note dated 01/02/2014, it was noted to reveal the injured worker complained of pain in the cervical spine, lumbar spine, and left shoulder with myospasms and weakness with loss of range of motion. The physical exam revealed the injured worker had painful range of motion of the cervical spine, lumbar spine and left shoulder; however, did not quantify the pain nor did it document that the range of motion was limited. The exam further revealed there was pain upon palpation with muscle spasms of the cervical spine, thoracic spine, lumbar spine, and left shoulder. It was also noted that there was sensory loss in the upper and lower extremities without specific sites or dermatomal patterns specified. Additionally, the report stated that there were positive orthopedic tests for the cervical spine, lumbar spine, and left shoulder; however, it was not revealed which orthopedic tests were performed at the time. The injured worker's diagnoses include left rotator cuff syndrome, myofascitis, stress and anxiety, headaches, insomnia, cervical spine disc syndrome, thoracic spine disc syndrome, lumbar spine disc syndrome, lumbar spine radiculitis, pain in the cervical spine, pain in the thoracic spine, and lastly, pain in the lumbar spine. The request for authorization was not provided within the submitted medical records nor was a rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK TIMES SIX (6) WEEKS FOR LUMBAR/CERVICAL/LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture is to 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. It is further cited by the guidelines that the frequency and duration of acupuncture as outlined in criteria that within 3 to 6 treatments there should be documentation of objective functional improvement with further treatments not to exceed 1 to 3 times per week for an optimum duration of 1 to 2 months. With the guidelines recommendation of a time to produce functional improvement within 3 to 6 treatments, the request of 12 sessions of acupuncture prior to a reassessment to assess objective functional improvements and no documentation to support that this therapy is to be used in conjunction with other physical modalities. Therefore, the request for acupuncture 2 times a week times 6 weeks for lumbar/cervical/left/shoulder is not medically necessary.