

Case Number:	CM14-0014460		
Date Assigned:	02/28/2014	Date of Injury:	12/11/2010
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Acupuncture and Chiropractic 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 injured worker is a 49year old female who reported neck, upper back, low back and elbow pain from injury sustained on 12/11/10. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with cervical strain, thoracic strain, lumbar strain, left shoulder internal derangement and left cubital tunnel syndrome. Patient was treated with medication. Per handwritten notes dated 12/11/13, patient has neck, upper back, low back and left elbow pain. Primary treating physician is requesting 6 acupuncture sessions. Objective findings were not documented. It is unclear is the patient has had prior Acupuncture treatment or if the request is for initial trial of treatment. If the patient has had prior acupuncture treatment, there is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE CERVICAL/LUMBAR SPINE AND LEFT SHOULDER 1 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment Guidelines, Pages 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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of treatment. For initial trial, acupuncture is used as an option if pain medication is not tolerated or is reduced which was not documented in the medical records. The records also fail to indicate if there is concurrent physical rehabilitation program being utilized which is cited in the guidelines. If the patient has had prior acupuncture treatment, there is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS Guidelines, 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. Per review of evidence and guidelines, Acupuncture For The Cervical/Lumbar Spine And Left Shoulder, 1 X 6, is not medically necessary.