

Case Number:	CM14-0019580		
Date Assigned:	05/07/2014	Date of Injury:	02/29/2012
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/17/2014

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 Chiropractics and 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 is a 41 year old female who reported face, head and jaw pain from injury sustained on 2/29/12 after walking into a pole. Radiographs of the cervical spine revealed minimal degenerative changes. Electrodiagnostic study showed mild bilateral carpal tunnel syndrome, slightly greater on the left and nerve root pathology at C6-C7 on the right. MRI of the cervical spine revealed hypertrophic changes with multilevel disc protrusion. The patient has been diagnosed with cervicobrachial syndrome; osteoarthritis of upper arm and shoulder joint pain. The patient was treated with medication; physical therapy, acupuncture and epidural injections. Per notes dated 2/25/14, patient is following up with increased right shoulder pain. She also reports stiffness in the right shoulder; pain is rated at 7/10. Pain levels remain unchanged since last visits. Per notes dated 3/19/14, patient complains of constant neck pain rated at 5/10. She has tightness in the right posterior cervical and shoulder muscles. Per notes dated 3/24/14, "she is following up after physical therapy 2X3 and acupuncture 2X3 giving her the greatest amount of relief of any treatment". 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:

FOUR ACUPUNCTURE THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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". 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 California 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, 4 acupuncture treatments are not medically necessary.