

Case Number:	CM14-0111002		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2010
Decision Date:	09/23/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 Chiropractic 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 55 year old female who reported neck, low back and bilateral upper extremity pain from injury sustained on 07/08/10 due to cumulative trauma. Patient is diagnosed with cervical discopathy; lumbar discopathy; bilateral carpal tunnel syndrome/ cubital tunnel syndrome; double crush syndrome; bilateral shoulder impingement and partial tear of supraspinatus tendon. Patient has been treated with medication, chiropractic and physical therapy. Per medical notes dated 02/04/14, patient complains of persistent pain of the neck with headaches. Pain radiates to upper extremity with numbness and tingling. She has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. She has upper extremity pain as well. Bilateral shoulder; bilateral elbow; bilateral wrist, hand/fingers and right hip pain is essentially unchanged. Per medical notes dated 05/27/14, patient complains of constant severe neck and low back pain. Examination revealed decreased range of motion of lumbar spine and tenderness to palpation of the cervical thoracic and lumbar spine with muscle spasms. Provider is requesting 2x6 acupuncture sessions for flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and left shoulder-2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and upper back), (Acupuncture).

Decision rationale: Per 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". Per provided medical records, patient has not had prior Acupuncture treatment. Primary physician is requesting 2x6 acupuncture treatments for flare-up. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore, Official Disability guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, the request is not medically necessary.