

Case Number:	CM14-0114015		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2014
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/21/2014

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 42-year-old female who reported right shoulder, neck, and low back pain from injury sustained on 02/03/14 while moving a dumpster. MRI (04/18/14) of the right shoulder revealed supraspinatus tendinosis and type 2 acromion with moderate down sloping. MRI of the lumbar spine was normal. Patient is diagnosed with shoulder derangement, cervical spine sprain/strain, and lumbar sprain/strain. Patient has been treated with medication, physical therapy, and chiropractic. Per medical notes dated 05/23/14, patient complains of right shoulder pain, which increases with over shoulder work. Low back pain has been worsening. Low back pain is rated at 8/10. Neck pain is improving. Intermittent paraesthesia in the right arm persists. Per medical notes dated 06/09/14, patient complains of low back pain. Neck pain has improved. Right shoulder pain persists with over shoulder work. Primary physician is requesting 8 acupuncture treatments for right shoulder, neck, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture for the right shoulder, lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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: one-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Patient has not had prior Acupuncture treatment. 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. Acupuncture is used as an option when pain medication is reduced or not tolerated which is not documented in the provided medical records. Concurrent physical rehabilitation is also not documented. 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, 8 Acupuncture visits is not medically necessary.