

Case Number:	CM14-0155764		
Date Assigned:	09/25/2014	Date of Injury:	01/17/2014
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 51 year old female who reported neck, upper back and low back pain from injury sustained on 01/17/14 due to cumulative trauma. MRI of left shoulder revealed supraspinatus tendinosis and osteoarthropathy of acromioclavicular joint. MRI of the right shoulder revealed osteoarthropathy of acromioclavicular joint. Patient is diagnosed with cervical spine HNP with neuroforaminal stenosis; thoracic spine sprain/strain; lumbar spine degenerative disc disease HNP with central canal and neuroforaminal stenosis; bilateral acromioclavicular osteoarthropathy and tendinitis. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 05/27/14, patient complains of neck pain rated 3/10, thoracic spine pain rated 4/10, low back 5/10 and bilateral shoulder pain rated 5/10. Patient has bilateral upper extremity tingling and numbness. Per medical notes dated 06/23/14, patient complains of neck pain rated 2/10, thoracic spine rated 6/10, lumbar spine 6/10, and bilateral shoulder pain rated 4/10. Pain increases with bending, standing, sitting and walking. Pain is decreased with medication use. Examination revealed decreased range of motion and tenderness to palpation. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture 2-3 times weeks times 4 weeks, for the cervical and thoracic spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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". Patient has had prior acupuncture treatment. Provider requested 8-12 acupuncture sessions which were modified to 6 by the utilization reviewer. 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8-12 acupuncture treatments are not medically necessary.