

Case Number:	CM14-0157645		
Date Assigned:	09/30/2014	Date of Injury:	07/06/2008
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in 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 and shoulder pain from injury sustained on 07/06/08 while lifting a flat scanner scale. MRI of the cervical spine revealed degenerative disc disease and multiple disc extrusions. Electrodiagnostic studies revealed bilateral carpal tunnel syndrome. Patient is diagnosed with left shoulder labral tear, status post anterior cervical discectomy fusion, bilateral carpal tunnel syndrome, sleep disorder and adjustment disorder with mixed anxiety and depressed mood. Patient has been treated with surgery, medication, home exercise program, and TENS. Per medical notes dated 07/28/14, patient complains of neck pain rated at 7/10 which radiates to bilateral shoulders. She complains of constant bilateral hand pain, left shoulder pain which is intermittent and rated at 2-3/10. Patient states she has toxic metal exposure after neck surgery. Per medical notes dated 08/04/14, patient continues to have residual left shoulder pain aggravated with lifting, reaching and pushing. According to utilization review, medical notes dated 08/20/14, patient states that she has developed weakness in her bones after neck surgery; she feels depressed everyday and has been crying and she would like acupuncture for anxiety relief. Provider requested 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS 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: 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 not had prior Acupuncture treatment, as there are no documented records of prior acupuncture care. According to utilization review, medical notes dated 08/20/14, patient states that she has developed weakness in her bones after neck surgery; she feels depressed everyday and has been crying and she would like acupuncture for anxiety relief. Provider requested 6 acupuncture treatments. Acupuncture is used as an option when medication is reduced or not tolerated, which is not documented in the provided medical notes. 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 (if any treatment previously administered). No additional documents were presented which would warrant treatment; therefore, per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.