

Case Number:	CM14-0158413		
Date Assigned:	10/01/2014	Date of Injury:	08/29/2013
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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 45 years old female who reported neck, low back and right shoulder pain from injury sustained on 08/29/13 due to cumulative trauma of repetitive computer and phone use. X-rays of the cervical spine revealed discogenic and osteophyte changes at C5-6 and to lesser extent C6-7. Patient is diagnosed with cervical sprain with radicular symptoms, low back pain with radicular pain, mild degenerative disc of C5-6, right shoulder subacromial bursitis and right shoulder tendonitis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/14/14, patient complains of burning and aching pain in her right shoulder that radiates down to the right elbow. She complains of shooting pain in the low back that radiates down the left leg. Pain is rated at 8/10. Patient completed 6 sessions of acupuncture therapy, she reported that the therapy helped alleviate her pain. However, she still has continued pain in the low back, right shoulder and neck. Per medical notes dated 09/16/14, patient complains of neck pain with tightness and limited range of motion in the neck. Patient reports pain in the right shoulder that becomes severe with activity. Patient complains of low back pain with left sided radicular pain and numbness in the feet. Provider requested additional 6 acupuncture treatments for neck and right shoulder pain. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for neck and right shoulder QTY: 6: 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". Patient has had prior acupuncture treatment. Per medical notes dated 08/14/14, patient completed 6 sessions of acupuncture therapy, she reported that the therapy helped alleviate her pain. However, she still has continued pain in the low back, right shoulder and neck. Provider requested additional 6 acupuncture treatments for the neck and right shoulder. 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. Per review of evidence and guidelines, additional 2x3 acupuncture treatments are not medically necessary.