

Case Number:	CM14-0158811		
Date Assigned:	10/02/2014	Date of Injury:	04/23/2012
Decision Date:	12/16/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/27/2014

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 60 years old female who reported neck, bilateral shoulder, elbows, wrists, and upper back pain from injury sustained on 04/23/12 due to cumulative trauma. Electrodiagnostic studies of upper extremity revealed, right moderate carpal tunnel syndrome and bilateral chronic C7 radiculopathy. Patient is diagnosed with myofascial sprain of cervical spine; sprain of bilateral shoulders; right and left impingement syndrome of the shoulder; lateral epicondylitis of right elbow; and carpal tunnel syndrome. Per medical notes dated 06/16/14, patient complains of frequent neck pain, radiating to her shoulders, elbows and upper back. She complains of stiffness, numbness and tingling, as well as clicking and popping. Pain increases with turning her head from side to side and with extension. Patient complains of bilateral shoulder pain, radiating to her upper back. Patient complains of bilateral elbow pain radiating to her wrists and hands. She complains of constant upper back sharp pain, which is localized. Examination revealed tenderness to palpation and decreased range of motion of the affected areas. Provider requested initial trial of 12 acupuncture sessions for cervical spine which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 weeks (12 sessions) cervical spine: 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". "1) 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". The patient has not had prior acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions for cervical spine which were modified to 6 by the utilization reviewer. 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.