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| Case Number: | CM14-0162947 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 09/15/2005 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 61 year old female who sustained a work related injury on 09/15/2004 as result of a she was struck in the head by a box full of cars stacked with heavy items causing immediate injury to her head and neck. The medical records were reviewed. The patient was seen on 5/13/14 with a complaint of neck pain that goes bilateral shoulders right greater than left with lifting repetitive use. Pain in the neck is constant. On exam she has bilateral reduction of range of motion and all provocative tests positive for pain. Pain and weakness with resisted abduction. In dispute is a decision for acupuncture to right shoulder 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right shoulder 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate

acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is no documentation of the reduction of pain medication or if pain medication is not well tolerated, nor is supporting documentation of concurrent physical therapy or planned surgical intervention made as expressed in the California MTUS guidelines. Therefore, this request is not medically necessary.