

Case Number:	CM14-0163842		
Date Assigned:	10/08/2014	Date of Injury:	10/30/2013
Decision Date:	11/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Pine 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 patient is a 39-year-old male with a date of injury of October 30, 2013. The listed diagnoses per [REDACTED] include 1. Status post right shoulder arthroscopy, April 18, 2014; and 2. Disk herniation of the cervical spine. According to a progress report dated September 04, 2014, the patient presents with neck and right shoulder pain. The patient states that he would like acupuncture sessions, as he is not considering surgery of the neck. Examination revealed, "Tender disks noticed on palpation of C5-C6 and C6-C7. Right shoulder is slightly recovering from surgery." The patient's treatment history includes shoulder surgery, x-ray, physical therapy, and medications. Request for Authorization from September 4, 2014 requests acupuncture one time a week for 8 weeks. Utilization review modified the certification from the requested 8 treatments to a trial of 3 stating that this takes into account the patient's prior surgery and spine evaluation, chronic pain syndrome, current complaints, and the current physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (8-session, once a week for 8 weeks for the cervical spine and right shoulder):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The treating physician is requesting Acupuncture once a week for 8 weeks for the neck and right shoulder. For acupuncture, the California MTUS guidelines recommend acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. There is no indication that the patient has tried acupuncture. In this case, a course of 3 to 6 treatments may be recommended, but the requested 8 sessions exceeds what is recommended by California MTUS Guidelines. Therefore, the request is not medically necessary.