

Case Number:	CM14-0173921		
Date Assigned:	10/27/2014	Date of Injury:	09/05/2012
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 34 year old female who reported neck pain from injury sustained on 09/05/12 due to cumulative trauma of excessive cleaning. MRI of right shoulder revealed degenerative hypertrophy of acromioclavicular joint with moderate compromise of subacromial space; small joint effusion and tendinosis without evidence of rotator cuff or labral tear. Patient is diagnosed with migraine headaches, tension headaches, cervical spine sprain/strain with myospasm; cervical disc protrusion; cervical radiculopathy; cervical stenosis; right shoulder sprain/strain; right shoulder tendinosis; right shoulder arthritis; bilateral medial and lateral epicondylitis; and carpal tunnel syndrome. Patient has been treated with medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 09/19/14, patient complains of headaches, upper back, right shoulder, left and right elbows, and bilateral carpal tunnel syndrome. She states that since the last visit, she is about the same. She states her headaches have improved significantly as long as she is taking medication. Pain is rated at 8/10 for neck, shoulder, wrist and 7/10 in right elbow. Examination revealed decreased range of motion of the areas of complains with tenderness to palpation. 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:

Acupuncture to the cervical spine x 12 sessions: 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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 12 acupuncture treatments are not medically necessary.